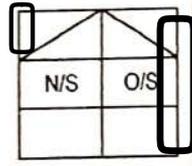


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s: GOLDBELL
 of _____
 Insured: _____
 Policy No: DMPCSNW00068862000
 Claims No: SNM20D204359
 Sum Insured: _____ Excess: TBA 0/-
 (Client's Record)
 Make of Veh: _____

Veh No: SGG 222G Yr Regn: 18 Jan/2016
 Type: M.Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA LEXUS RX200T c.c. 1998
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 76003 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTJBAMCA502000952 *
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / R / STD A/Rim or
 Tyre Size: F: 265/35ZR22
 R: 265/35ZR22
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR / SUMI /
 TOYO / YOKO or _____



(Policy Condition)
 Remark: **The veh had commenced its repair at the time of inspection.**
 Bal. or Market Value: \$126k
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 14 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Front W/S 3:30pm
 Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 25-11-2020
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	COE Rebate: \$88159
	Repair limit: \$37k
26/11/20@5.26pm	revert to Tan kah Leong via Merimen. (REPAIRER ABLE TO REPAIR THE VEHICLE WITHIN \$37,000.00.)
30/11/20@6.16pm	So Chow informed C/A at \$37K via Merimen.
01/12/20@9.33am	Informed Brian C/A not more than \$37K on P/P basis or whichever lower & ex:\$0/-
09/04/21@2.02pm	confirmed with Brian final fig \$28414.24, 14 days. (Red \$18860.77, 40%)

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) 12/04 Typist
 Date/Time, File Return to?

Days Of Repair: 14
 Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Insp (\$) _____
 : Wash end (\$) _____

Survey Fee:	
Transportation:	
3 + RS	SI
Photos	
Other:	
TOTAL	

Report Filed: MER-OD
28414.24