

PR 3

ASSIGNMENT

(-2030)

25 Jun 2010

Estimated Cost

TP/WS/TP RES/OD RES/EVA/INV/MV

Inspect Vehicle No:

Workshop n/s Yong Seng Motor

Insured:

Policy No

Claims No

Insured

(Client's Record)

Make of Veh:

Vehicle No: STX5618R

Type: M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mini Cooper L6 cc 1598

Colour: White A/C: Insured / Std / NI / NA

Sp Reading: 146676 T/Radio: Insured / Std / NI / NA

Eng/No

C/No: WMWSU32000 TY 89289

Gen Cond: Good / Fair / Poor / Burnt

Steering: In Good / Jammed / Leaked / Burnt or

Brake: In Good / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/45R17

R: 11

BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/

TOYO/YOKO or

Front	Rear
R/Bal: <u>6</u> mm	R/Bal: <u>6</u> mm
L/Bal: <u>6</u> mm	L/Bal: <u>6</u> mm
D.O.A: <u>28/12/20</u>	D.O.I: <u>12-01-21</u>

Survey held at: w/s 10230

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
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Est. or Market Value: \$51K

JAC: Accident Report Consistent? Yes or No

SI/A / PR Seen. Consistent? Yes or No

Est. Repairs: 4 days Res: Yes or No

Sum Sum. % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date Person Contacted Vehicle: IN / OUT

Date / Time	Action / Instruction
	<u>No Body injured.</u>
	<u>CoG: 31066</u>

Date/Time File Pass In: Preli. Report

Date/Time File Return In: Final Report

14/1/21-Typist

DAR

Days Of Repair: 4

Resurvey No. of Trip:

Site Insp: \$

Interview: \$

Survey Fee:

Transportation: