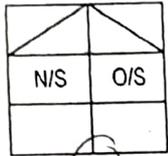


ASSIGNMENT

From _____ Date _____
 Estimated Cost _____
 OD (TP / WS / TP RES / OD RES / EVA / INV / MV)
 To Inspect Vehicle No: _____
 at Workshop n/s Apex Motoring
 of _____
 Insured: _____
 Policy No _____
 Claims No _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No SMH 1039C Regn 11 Jan 2019
 Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make Honda Freed cc 159 1496
 Colour Blue A/C Insured / Std / NI / NA
 Sp Reading 201364 T/Radio Insured / Std / NI / NA
 Eng/No _____
 C/No: GB 71084 888
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 185/65R15
 R: 11
 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: \$90k
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT



Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 4/2/21 D.O.I. 08-02-21
 Survey held at W/S 12pm
 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
	<u>COE: 39830</u>
	<u>\$3000 - \$4000</u>

Date/Time, File Pass to? : Prell. Report
 : Final Report
 Date/Time, File Return to?
 1) _____
 2) 9/2/21-Typist
 Project Product: PRS
 Equip. Serial / M.P. No: _____

Days Of Repair: 4
 Resurvey No. of Trip: _____
 Add Fee: Site Insp (\$)
 Interview (\$)
 Tech. Insp (\$)
 Misc. (\$)

Survey Fee:	
Transportation	
3 + RS	
Hotels	
Other	