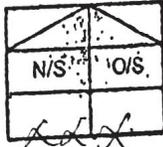


ACC. REC. BY: Steve REF: ARG

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s _____
of _____
Insured: _____
Policy No. 2070124947
Claims No. 5745909540SG
Sum Insured: _____ Excess: \$300.00
(Client's Record)
Make of Veh: _____

Veh No: SMU 9123E Yr Regn: 3/9/20
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Mitsubishi Outlander c.c. 1998
Colour: Red A/C: Insured / Std / NI / N
Sp. Reading: 16691 T/Radio: Insured / Std / NI / N
Eng/No: _____
C/No: GFTWQ-TA-NS99
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modl: NII / S/Rim / STD A/Rim or
Tyre Size: F: 225/55R18
R: _____



(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Toyo
Front R/Bal. 4 mm Rear R/Bal. 4 mm
L/Bal. 4 mm L/Bal. 4 mm
D.O.A. 6/2/21 Cycle & Carriage D.O.I. 8/2/21
Survey held at _____
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Bal. or Market Value: _____
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Cum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	<u>MV-110K</u>
	Confirm final figure at \$5757.71, 5days before GST and Excess
	RED:4710.19:44%

File/Time, File, Pass to? : Prell. Report
 : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____

S + RS \$ _____

Photos _____

Others _____

TOTAL _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Inve (\$ _____)
 : Weekend (\$ _____)

APPROVED: _____ OD
AMOUNT PAID: 5757.71