Ref. By: cul. A/G

ASSIGNMENT

Vehicle: GBF4813R

Date of Reg: 01 Nov 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry (circled) / Taxi / Prime Mover / Truck / Trailer or

Make: Toyota Dyna cc: 2982

Colour: white

A/C: Insured / Std / NI / NA

T/Radio: Insured / Std / NI / NA

Sp Reading: 132864

Eng/No.

C/No: JTFAT35YC0K207074

Gen Cond: Good (circled) / Fair / Poor / Burnt

Steering: Inorder (circled) / Jammed / Leaked / Burnt or

Brake: Inorder (circled) / Jammed / Leaked / Burnt or

Modi: Nil (circled) / S/Rim / STD A/Rim or

Tyre Size: F: 195R15

R: 155R12

BS / DUN (circled) / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal	6	mm	L/Bal	6	mm

D.O.A

D.O.I. 11-02-21 10:50

Survey held at: w/s

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

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

Date:

Estimated Cost:

OD / TP (circled) / WS / TP RES / OD RES / EVA / INV / MV

Inspect Vehicle No:

Workshop m/s: HSL Auto

Insured:

Policy No.

Claims No

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Val. or Market Value: $54K

OAC Accident Rport Consistent? : Yes or No

GIA / PR Seen. Consistent? Yes or No

Est. Repairs days Res: Yes or No

Lum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date Person Contacted

Date / Time	Action / Instruction
	COE: 25065

Date/Time. File Pass to: [ ]: Preli. Report

[ ]: Final Report

Date/Time. File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: [ ] Site Insp: S$

[ ] Interview: S$