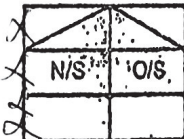


ASSIGNMENT

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. 1900108954
 Claims No. 9019495027SG
 Sum Insured: _____ Excess: S\$300.00
 (Client's Record) _____
 Make of Veh: _____

(Policy Condition)

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



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

Sum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMM 4373A Yr Regn: 28/6/19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Kia Cerato c.c. 1591
 Colour: Silver A/C: Insured / Std / NI / N
 Sp. Reading: 26654 T/Radio: Insured / Std / NI / N
 Eng/No: _____
 C/No: RNAE3416MK 5047761
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / B/Rim / STD A/Rim or
 Tyre Size: F: 225/45R17
 R: 225/45R17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Kumho
 Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 28/2/21 D.O.I. 2/3/21
 Survey held at Cycle & Carriage
 Des. of Damages: Frt / Rear / O/S (N/S) / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>MV-80K</u>
	Confirm \$11,983.20, 15days before excess and GST
	red: 2812; 19%

File/Time, File, Pass 107: ☐ : Prell. Report

File/Time, File Return 107: ☒ : Final Report

Days Of Repair: 15

Resurvey No. of Trip: 3

Survey Fee:

Transportation:

\$ + RS, \$

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (%)

☐ : Weekend (*)