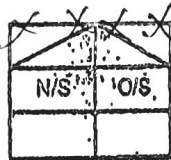


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 () TP / WS / TP RES / OD-RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. 1900259586-01
 Claims No. 1675587927SG
 Sum Insured: _____ Excess: \$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
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMR 574 L Yr Regn: 17/12/19
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mitsubishi Attender c.c. 1998
 Colour: Grey A/C: Insured / Std / Nil / N
 Sp. Reading: 3305 T/Radio: Insured / Std / Nil / N
 Eng/No: _____
 C/No: GF7W 0600199
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Locked / Burnt or
 Brakes: In order / Jammed / Locked / Burnt or
 Mod: Nil / STUM / STD A/Rim or
 Tyre Size: F: 225/55R18
 R: 1
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or B Toyo
 Front Rear
 R/Bal. S mm R/Bal. S mm
 L/Bal. S mm L/Bal. S mm
 D.O.A. 10/3/21 P.O.I. 10/3/21
 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
	MV-108K
	Confirm final figure at \$12,747.36, 12 days before excess n gst
	red: 1990.82; 13%

Alerting, File, Pass to? ☐ : Prel. Report
☐ : Final Report

Alerting, File Return to?

Approved: OD
 Date: 11/12/19

Days Of Repair: 12

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Inva (\$)
☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photo

Other

TOTAL