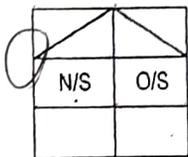


ASS. REC. BY: PR
PR

CFI
ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s Sheng Li Tai
of _____
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.
Bal. or Market Value: \$38k
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 4 days Res.: Yes or No
Lum Sum: 20 % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLB841C Yr Regn: 28 Mar 2016
Type: MC / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Toyota wish 1.8 cc 1798
Colour: white A/C: Insured / Std / NI / NA
Sp. Reading: 96242 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JTDG920W 3a J003835
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In / Jammed / Leaked / Burnt or
Brake: In / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 195/65R15
R: 11
BS / DUN / 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. 17-03-21
Survey held at w/s 12pm
Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or
The UIC / Chassis frame / Body Structure affected due to collision.



Date / Time	Action / Instruction
	<u>\$3000 - \$4000 REPAIR RANGE</u>
	<u>COE: 38575 SUBMIT PRS REPORT</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Date/Time, File Return to?
2) _____

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

Survey Fee: _____
Transportation: _____
3 + PRS. SI _____
Photos _____
Other: _____
TOTAL: _____

Report Format: PRS
Printed Date / Month: _____