

ASS. REC. BY: PR
PRS

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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 order / Jammed / Leaked / Burnt or
 Brake: In order / 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 / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>\$3000 - \$4000</u>
	<u>COE: 38575</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 Date/Time, File Return to?
 Days Of Repair:
 Resurvey No. of Trip:
 Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Insp (\$)
 : Misc (\$)
 Survey Fee:
 Transportation: _____
 Photos _____
 Other: _____
 TOTAL