

ASS. REC. BY: Steve

REF: CS3/AWA 20008399/Ev 13-1

ASSIGNMENT

PRS

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLH 2739E

Policy No. _____

Claims No. NSV200226/HLF

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
	<u>XXX</u>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: SJN 8718T Yr Regn: 2009

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

Make: Toyota Vios c.c. 1497

Colour: Gold A/C: Insured / Std / NI / NA

Sp. Reading: 123482 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MROSJHY 93596389

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/60R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 13/8/20 D.O.I. 14/8/20

Survey held at Sin Hock Lee

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

Rear RH

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>No GIA report</u>
<u>22/4/21</u>	<u>Submit LS \$4900 (Red 1800, 27%)</u>

Date/Time, File Pass to? : Prell. Report

1) : Final Report

Date/Time, File Return to?

2) 22/4/21-Typist

Rep. Form: TP

Lump Sum / I.E.F. LS \$4900

Days Of Repair: 8

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:	_____
Transportation:	_____
Photos	_____
Others	_____
TOTAL	_____