ASS. BY: REF: CS/AGI21005397/Dj3

ASSIGNMENT

From: Date:

Estimate Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured

Policy #

Claims #: C10010116/HA

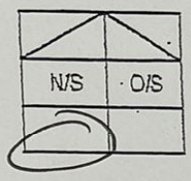
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. of Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SLU 9076 U Yr Regn: Dec 2017

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

Make: Toyota CHR Hybrid c.c 1797

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

Sp.Reading 70274 T/Radio: Insured / Std / NI / NA

Eng/No: 2ZR8188856

C/No: ZYX10207305?

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/50 R18

R: —11—

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Goodyear

Front		Rear	
R/Bal.	S mm	R/Bal.	S mm
L/Bal.	S mm	L/Bal.	S mm
D.O.A.	29/04/2021	D.O.I.	04/05/2021

Survey held at JWG AMK

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

The U/C / Chassis frame / Body Structure affected due to collision.

Date /Time	Action / Instruction
	Budget Direct SLL2726X
	Resurvey on 05/05/2021. NO ADV upon survey
	Repair range 1.5K to 2K.
20/09/21	Submit PRS.

Date/Time, File Pass to? 1) 20/09 Typist

Date/Time, File Return to? 2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: S + RS S!

Photos

Others

Report Format: PRS

Lump Sum / I.B.I: ( )