ASS. REC. BY: NAZ 47

REF: CS/MSG21005698/Nuf3 MSIG

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLN 1421X

at Workshop m/s RICO 60 AUTO SERVICE) PTE LTD

of 8 KAKI BT AVE 4, PREMIER, #02-24

Insured: SGG 1818G

Policy No. 29142447ALM

Claims No. 635834

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
LMS	RFS
X	X X

Bal. or Market Value: 60K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLN 1421X Yr Regn: 24 APR 2017

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

Truck / Trailer or _____

Make: HONDA FIT 1.5 HYBRID c.c 1,496

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

Sp.Reading 84,683 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GP 53321463

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 alloy or _____

Tyre Size: F: 195/50 R16

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or TOURADOR tyre brand

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	4 mm	L/Bal.	4 mm
D.O.A.	8/5/2021	D.O.I.	11/5/2021

Survey held at RICO 60

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

(Rear = FRONT; O/S = OFF SIDE; N/S = NEAR SIDE; U/C = UNDERCARRIAGE)

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

Date / Time	Action / Instruction
	COE Rebate: $36,136.00
	Repair Limit : $22K
12/5/2021@10.45am	Revise to Douglas via Merimen.
07/01/22 2.46pm	Received email from Douglas, they have spoken to Rico 60 and they have accepted cost of repair $4,430.00
	Submit LS $4,430.00 (Red 10,588.72 ; 70%)

Date/Time. File Pass to? 1) _____

Date/Time. File Return to? 2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : TP

Lump Sum / I.B.I: ($ LS $4,430.00)

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	
Others	
TOTAL	