

ASS. BY:

REF:

CC4/GRB21005883/Des³

ASSIGNMENT

COE June 2029

From: _____ Date: _____

Estimate Cost: _____

OD / TPWS / TP RES / OD RES / EVA / INV / MV

To Insp Vehicle No: _____

at Work top m/s _____

of _____

Insured _____

Policy # _____

Claim: b. _____

Sum Insured: _____

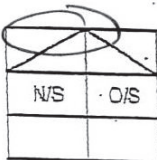
Excess: _____

(Officer's Record)

Make of Veh: _____

(Police Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt _____ Consistent?: Yes or No

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

Est. Repairs: 3 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJZ1951TYr Regn: June 1992

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

Truck / Trailer or

Make: Honda CivicC.C. 1595Colour: Red

A/C: Insured / Std / NI / NA

Sp. Reading: 477372

T/Radio: Insured / Std / NI / NA

Eng/No: B16A21007489C/No: JHMEG639008003782Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: NI / S/Rim / STD A/Rim orTyre Size: F: 195/55 R15R: 11

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

TOYO / YOKO or

Dunlop

Front

Rear

R/Bal. 5 mmR/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. 16/05/221D.O.L. 18/05/221

Survey held at

JWG AMCDes. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

11) SMR 5916B14/10/221 JWG 2/5 1750/- with 3 days of rep

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$

Survey Fee:

Transportation:

S + RS SI

Photos

Others

Report Format:

F. 10/20/2011 10:10:10