ASS. REC. BY: TGim

REF: GS3/CT12100 6013/Buc

Hui Shen

ASSIGNMENT

From: _____ Date: 21/5/2021

Estimated Cost: _____

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

To Inspect Vehicle No: GBE 1861A

at Workshop m/s Hong Motor Services

of 5035 Ang Mo Kio Ind. Pk 2 #01-365

Insured: SMS 9642J

Policy No. DMHCSNW00002022100

Claims No. SNM21D202893/C02

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

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 3 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: GBE 1861~~E~~ A Yr Regn: _____ 2015

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

Make: Toyota Hiace c.c 2982

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

Sp.Reading 290605 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KDH2010174527

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/R15 C

R: 195/R15 C

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	18/5/2021	D.O.I.	21/5/2021

Survey held at Hong Mtrs

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

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

Date / Time	Action / Instruction
	Range $1000 - 2000/= 3 repair days.
	Servey photos Taken on Fri 21/5/2021 @ 12:20:40 PM
	No Resurvey required, damages are only superficial
4/10/2021	Submit PRS.
	TGim
	repairer did not provide us GIA report

Date/Time, File Pass to? ☐ : Preli. Report

1) 4/10 TYPIST ☐ : Final Report

Date/Time, File Return to?

2) _____

Rep. Format: TP

Lump Sum / LEI: ($ _____)

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____) ☐ : Tech. Invs ($ _____) ☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: ___S + RS___SI

Photos _____

Others _____

TOTAL _____