

08/11/13 wef

ASS. REC. BY: *Rose*

REF: *CS/SMR21006793/Rinf3*

6006

COE XPIRY: *2021/SEP*

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: *PC1028J*
 at Workshop m/s *AT CONSULTANT*
 of *No. 7, MANDAL LINK #04-12*
 Insured: *SG 5826P*
 Policy No. _____
 Claims No. *BUS/06/21/7010*
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: *PC1028J* Yr Regn: *2011 / SEP*
 Type: M.Car / M.Cycle / *Bus* / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: *KENHLONG XMQ 6900K A* c.c. *6693*
 Colour: *GRGY* A/C: *Insured / Std / NI / NA*
 Sp. Reading: *021541* T/Radio: *Insured / Std / NI / NA*
 Eng/No: _____
 C/No: *LA6R1DSB066203980*
 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 _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: *1.5K 24K*
 IDAC Accident Rport: Consistent? : Yes or No
 GIA / PR Seen: Consistent? : Yes or No
 Est. Repairs: *1* days Res.: Yes or No
 Lum Sum: *20* % *3* Val.: Yes or No

Tyre Size: F: *10R22.5*
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / *PIR* / SUMI /
 TOYO / YOKO or _____

Front		Rear
R/Bal. <i>8</i> mm		R/Bal. <i>8/8</i> mm
L/Bal. <i>8</i> mm		L/Bal. <i>8/8</i> mm
D.O.A. <i>15/06/21</i>		D.O.I. <i>22/06/21</i>

Survey held at *AT CONSULTANT*

CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S Frt
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
Repair limit - 250 SK
informed workshop on renewal COE. will renewed COE.
Renewed COE - 2026/SEP
 Confirmed L/S \$1300, 1 repair day
 (RED \$1880; 59%)

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) 23/12 TYPIST
 Date/Time, File Return to?
 2) _____
 Report Format : TP
 Lump Sum / ~~L/S~~ (\$ 1300)

Days Of Repair: *1*
 Resurvey No. of Trip: *1*
 Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Weekend (\$)
 Survey Fee: _____
 Transportation: _____
) S + RS. \$ _____
) Photos _____
) Others _____
 TOTAL _____