MEF: CS/SMR 21007795 ASSIGNMENT COE 2022 Dec. STF23T From: Date: Veh No: Yr Regn: 2/2/Doc Estimated Cost: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / OD(TTP) WS I TP RES I OD RES I EVA I INV I MV Truck / Trailer or To Inspect Vehicle No: SJF 23J LIMW Make: Compl. c.c 2999 at Workshop m/s **AUTO ASSIST** Colour Insured / Std / NI / NA Sp.Reading T/Radio; Insured / Std / NI / NA Insured: SG 5158J Eng/No: Policy No. C/No: Claims No. BUS/07/21/5030 Gen. Cond. Good/ Fair / Poor / Burnt Sum Insured: Excess: Steering: Inorder / Jammed / Leaked / Burnt or (Client's Record) Brake: Inorder / Jammed / Leaked / Burnt or Make of Veh: Modi: Nil / SIRim / STD AJRim or Tyre Size: (Policy Condition) Remark: The veh had commenced its N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA MIC / OHTSU / PIR / SUMI / repair at the time of inspection. TOYO / YOKO or . AlloK. Bal. or Market Value: Front Rear IDAC Accident Rport: Consistent? : Yes or No R/Bal. R/Bal. GIA / PR Seen: Consistent?: Yes or No L/Bal. L/Bal. mm Est. Repairs: 9 Res.: Yes or No days D.O.A. D.O.I. Lum Sum: % 3 Val.: Yes or No Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Clar 61 Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction GIA in views. \$6000 - \$8000, 9 repair days. 26/7/2021 Submit PRS. Date/Time, File Pass to? : Preli. Report Days Of Repair: 9 026/7 TYPIST : Final Report Resurvey No. of Trip: Survey Fee: Date/Time, File Return to? Transportation: Add Fee: : Site Insp (\$ \_S + RS.\_\_SI : Interview (\$ Photos Repersonnel: TP Tech. Invs (\$ Others Lump Sum / LB. J. C. Weellend (\$ TOTAL