ASS. REC. BY: Tan Jih | REF: CR3/CT1210085 19/TIVC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: PC 604C

Policy No. DMB1SNW00012062004

Claims No. SNM21D204440/C02/LEWLC

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: $77K.

IDAC Accident Rport: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS 'wp' - PRS'

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: PC7998U Yr Regn: 2019 / April

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

Make: Toyota Wigo Commuter c.c 2754

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

Sp.Reading 19792 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GDH2 232 00 · 1298

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 145/R15

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	10/8/21	D.O.I.	13/8/21 @ 2:30pm

Survey held at Lawsuntn

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
	Repair range: $15,000 - $17,000, 14 days. GIA uploaded in Views
7/9/21	Submit PRS,repair range $15,000-$17,000

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 7/9/21-Typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 14

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Rep Format : _____

Lump Sum / I.B.I. (% _____)

Survey Fee:	
Transportation:	
___$ + RS___SI	
Photos	
Others	
TOTAL	