

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s SMRT

of _____

Insured: SLG 3378L

Policy No: _____

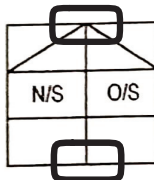
Claims No. MT/1151165-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy 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 No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB219G Yr Regn: 11 Mar 2016

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

Truck / Trailer or _____

Make: TOYOTA / PRIUS c.c 1798

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

Sp Reading: 472218 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKN36U305767589 *

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ norde / Jammed / Leaked / Burnt orBrake: ☒ norde / Jammed / Leaked / Burnt orModi: Nil ☒ S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: 195/65R15

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

TOYO / YOKO or FIRENZA

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 12/11/21 D.O.I. 16-11-2021

Survey held at W/S 4PM

Des. of Damages ☒ Frt / ☒ Rea / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

6/12/21 Guo Qiang confirmed LS \$1750 (Red 5948.70, 77%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 6/12/21-typist

Report Filed: TP

Lum Sum / U/C: LS \$1750

Days Of Repair: 3

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Insp (\$ _____)☐ : Meet end (\$ _____)

Survey Fee:

Transportation:

3 + RS. SI

Photos

Other:

TOTAL