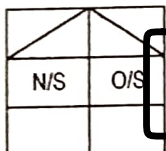


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD ☒ TP ☐ N/S ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV
 To Inspect Vehicle No: _____
 at Workshop m/s VIN'S MOTOR
 of _____
 Insured: _____
 Policy No: _____
 Claims No. TAX/02/22/2005
 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: \$61k
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 6 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLW2597T Yr Regn: 05 Feb 2018
 Type ☒ M.Car ☐ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____

Make: HYUNDAI ELANTRA c.c 1591
 Colour: Beige A/C: Insured / Std / NI / NA
 Sp. Reading: 83470 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: KMHD841CMJU628405 *

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

Tyre Size: F: 195/65R15

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.		D.O.I.	08-02-2022

Survey held at W/S 2PM

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

Guo Qiang finalised final fig \$6010.16, 6 days. (Red \$2224, 27%)

Date/Time, File Pass to?

1) 22/07 Typist

Date/Time, File Return to?

2)

Report Final: TP

Total Fee: 6016.16

Days Of Repair: 6

Resurvey No. of Trip: 3

Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech. Insp (\$☐ A/Sel end (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Other:

TOTAL