ASS. Filed By: GQ | REF: CS6/AIS22003157/Gvy3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s CHEW GOON

of

Insured:

Policy No.

Claims No. 2022-00025SL

Sum Insured: Excess: 2000

(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: $78k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

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

CA / [REV] / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLZ4320X Yr Regn: 30 Apr/2018

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

Make: HONDA SHUTTLE HYBRID 1.5 c.c 1496

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

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

Eng/No:

C/No: GP71210290

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

Tyre Size: F: —

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.	06-04-2022

Survey held at OFFICE 11:30

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
10/1/23	Lump Sum $8550 confirmed by email (red 2377.85, 21%)

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2) 10/1/23-typist

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Survey Fee:

Transportation: S + RS. SI

Photos

Other:

TOTAL

Report Format: OD

Lump Sum / UPD: LS $8550