

ASS. REC. BY: *Ram*

REF: CS/TM122006631/Reg 3

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: **PAB UL 2272**  
at Workshop m/s **334, Sembawang Close #16-455**

of \_\_\_\_\_

Insured: **TMI**

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

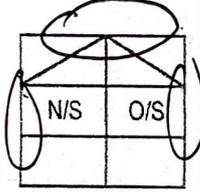
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition) **2pm**

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: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Date/Time Action / Instruction

Date/Time, File Pass to?

- : Preli. Report
- : Final Report

1) Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

) S + RS, SI

) Photos

) Others

Report Format :

Lump Sum / L.B.I. (\$ \_\_\_\_\_)

Veh No: **PAB UL 2272** Yr Regn: **1**

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

Truck / Trailer or **PMO**

Make: \_\_\_\_\_ c.c

Colour **BLACK** A/C: **Insured / Std / NI / NA**

Sp. Reading **-** T/Radio: **Insured / Std / NI / NA**

Eng/No: \_\_\_\_\_

C/No: **-**

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **(in order)** / Jammed / Leaked / Burnt or

Brake: **(in order)** / Jammed / Leaked / Burnt or

Modi: **(Nil)** / S/Rim / STD A/Rim or

Tyre Size: F: **12 1/2 X 2 1/4**

R: **-**

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

TOYO / YOKO or **CST**

Front Rear

R/Bal. **2** mm R/Bal. **2** mm

L/Bal. \_\_\_\_\_ mm L/Bal. \_\_\_\_\_ mm

D.O.A. \_\_\_\_\_ D.O.I. **14/07/22**

Survey held at **334, Sembawang Close**

Des. of Damages **(Frt)** Rear / **(O/S)** / **(N/S)** / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.