



ASS. REC. BY:

REF:

Pmo / 2200 6787/kv

Kenneth

ASSIGNMENT

From: _____	Date: _____	Veh No: <u>SFJ 418E</u>	Yr Regn: <u>04, 22</u>				
Estimated Cost: _____		Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /					
<u>OD / TP / WS / TP RES / OD RES / EVA / INV / MY</u>		Truck / Trailer or _____					
To Inspect Vehicle No: _____		Make: <u>Honda</u> <u>Shuttle</u> c.c. <u>1498</u>					
at Workshop m/s _____		Colour: <u>M-Grey</u>	A/C: Insured / Std / NI / NA				
of <u>01-10 71 Woodlands Ave 10</u>		Sp. Reading: <u>9572</u>	T/Radio: Insured / Std / NI / NA				
Insured: _____		Eng/No: _____					
Policy No. _____		C/No: <u>GK8 - 2202404</u>					
Claims No. _____		Gen. Cond: <u>Good</u> / Fair / Poor / Burnt					
Sum Insured: _____	Excess: _____	Steering: In order / Jammed / Leaked / Burnt or					
(Client's Record)		Brake: In order / Jammed / Leaked / Burnt or					
Make of Veh: _____		Mod: <u>NII</u> / <u>SR</u> / STD A/Rim or					
(Policy Condition)		Tyre Size: F: <u>185/60R15</u>					
Remark: The veh had commenced its repair at the time of inspection.	<table border="1"><tr><td>N/S</td><td>O/S</td></tr><tr><td></td><td></td></tr></table>	N/S	O/S			R: _____	
N/S	O/S						
Bal. or Market Value: <u>\$115K</u>		BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /					
IDAC Accident Rpt: _____	Consistent? : Yes or No	TOYO / YOKO or					
GIA / PR Seen: _____	Consistent? : Yes or No	Front	Rear				
Est. Repairs: <u>2-3</u> days	Res.: Yes or No	R/Bal. <u>9</u> mm	R/Bal. <u>9</u> mm				
Lum Sum: <u>1.5%</u>	3 Val.: Yes or No	L/Bal. <u>9</u> mm	L/Bal. <u>9</u> mm				
CA / REV / REP. / 24 HRS		D.O.A. <u>15/7/22</u>	D.O.I. <u>19/7/2022</u>				
Date: _____	Person Contacted: <u>Edward</u>	Survey held at	<u>3.15pm</u>				
	Vehicle: IN / OUT	Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or					
		<u>Rear O/S</u>					
		The U/C / Chassis frame / Body Structure affected due to collision.					

Time, File Pass to?

☐

Prel. Report

Time, File Return to?

☐

Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fuel: _____

Others: _____

Add Fee: ☐ Site Insp (\$ _____)☐ Interview (\$ _____)☐ Tech Invs (\$ _____)☐ Weekend (\$ _____)

TOTAL

Format: _____

um / I.B.I. (\$ _____)