



ASS. REC. BY:

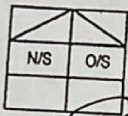
REF:

Pmo / 2200 6787/kv

Kenneth

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MY
To Inspect Vehicle No: _____
at Workshop m/s _____
of 01-10 71 Woodlands Ave 10
Insured: SLU 8881T 550E
Policy No. _____
Claims No. CMTD2202435/THE
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: After 2 yrs
(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.
Bal. or Market Value: \$115K
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 2-3 days Res.: Yes or No
Lum Sum: 1.5% 3 Val.: Yes or No
CA / REV / REP. / 24 HRS



Date: _____ Person Contacted: Edward

Vehicle: IN / OUT

Date / Time	Action / Instruction
20/7/22	PRR
	Est repair cost \$1.5-2.5k

Veh No: SFJ 418E Yr Regn: 04, 22
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or _____
Make: Honda Shuttle c.c. 1498

Colour: M-Grey A/C: Insured / Std / NI / NA

Sp. Reading: 9572 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK8 - 2202404

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / STD A/Rim or

Tyre Size: F: 185/60R15

R: _____

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 15/7/22 D.O.I. 19/7/2022

Survey held at 3.15pm

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Near O/S

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

Time, File Pass to?

☐ : Prell. Report

Time, File Return to?

☐ : Final Report

20/7/22-typist

Format:

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

Days Of Repair: 3

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS. \$

Fuel \$

Others

TOTAL