

ASS. REC. BY: AmuREF: CS3/111 22 60 3082/Rty3

447C

COE XPIRY: 2028 SEP

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SJY 4323Sat Workshop m/s EM SOLUTIONof 160 SIN MINH DR #03 - 18/A AnurthyInsured: 111

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

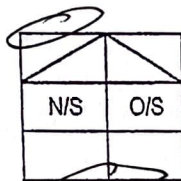
Claims No. \_\_\_\_\_

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: 57K

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

Veh No: SJY 4323SYr Regn: 2008 / 86P

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

Truck / Trailer or

Make: MAZDA5 S/Rc.c 1999Colour BLUE

A/C: Insured / Std / NI / NA

Sp. Reading 304466

T/Radio: Insured / Std / NI / NA

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

C/No: 3M6CR10F280307027

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/45ZR17

R: \_\_\_\_\_

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 01/04/22D.O.I. 04/04/22Survey held at EM SOLUTION

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

FRONT N/S & REAR

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

Date / Time Action / Instruction

REPAIR LIMIT - 35KESTIMATE RANGE OF REPAIR / NO. OF DAYS - (4K-5K) / 6 daysSUBMIT PRS REPORT

09/09/2022 Submit L/S \$8,000.00 with 9 days (Red \$4,000.00/ 33%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

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

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

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

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

\$ + RS. \$I

Photos

Others

TOTAL

Rep. Format: \_\_\_\_\_

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

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

Transportation:

Resurvey No. of Trip:

Preli. Report