ASS. REC. BY: [illegible] REF: CS3/1112260030 82/Rty3 5 4DR

COE XPIRY: 2028/SEP

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SJY 4323S

at Workshop m/s EM SOLUTION

of 160, SIN MING AVE #03-18/A Autocity

Insured: 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.

N/S	O/S

Bal. or Market Value: 57K

IDAC Accident Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJY 4323S Yr Regn: 2008 / SEP

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: MAZDA 5 S/R c.c 1999

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

Sp.Reading 304466 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6CR10F280307027

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: 215/45ZR17

R: -"-

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or HANKOOK

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	01/04/22	D.O.I.	04/04/22

Survey held at EM SOLUTION

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

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

Date / Time	Action / Instruction
	REPAIR LIMIT - 35K
	ESTIMATE RANGE OF REPAIR/NO. OF DAYS - (4K-5K)/6 days
	SUBMIT PRS REPORT
09/09/2022	Submit L/S $8,000.00 with 9 days (Red $4,000.00/ 33%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I: (% _____)

Survey Fee:	
Transportation:	
S + RS. SI	
Photos	
Others	
TOTAL	

Transportation: Resurvey No. of Trip: Preli. Report