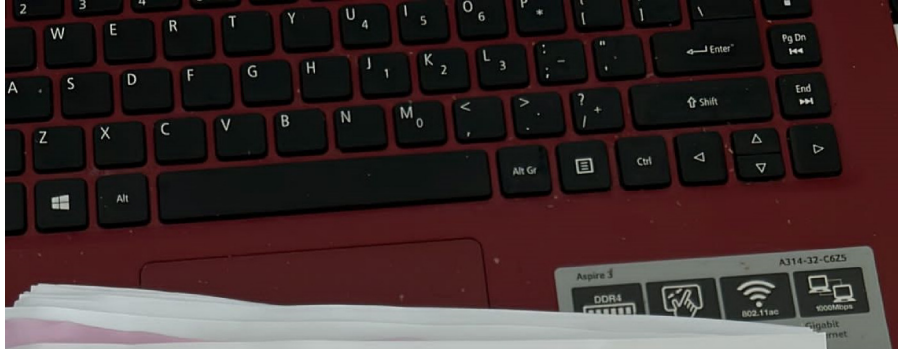

ASS. REQ. BY: Kenneth

REF: Smol

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s 6m Auto

of 235X

Insured: _____

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: $150K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4-5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SNR 1689R Yr Regn: 12 / 19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (1) Wagon

Make: Toy Noah c.c 1797

Colour M.Black A/C: Insured / Std / Nil / NA

Sp.Reading 04915 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: ZWR80 - 0409551

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: 215/50R17

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	3/10/22	D.O.I.	11/10/2022

Survey held at 2-Sept

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

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

Date / Time	Action / Instruction
/	GIA & EST not ready

...no, File Pass to? ☐ : Preli. Report ☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

...e, File Return to?

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

Survey Fee: _____

Transportation: _____ $ • RS. _____ St

Format : _____

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

Others: _____

TOTAL _____