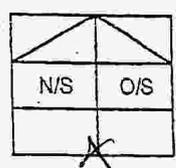


ASS. REC. BY: Touffin

REF: C33/LPC22067119/T0Y3-1

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: GBE 9357L  
 Policy No. \_\_\_\_\_  
 Claims No. 22/22/22/VC05/026034  
 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: 914K  
 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: SDD8328J Yr Regn: 2023 NOV  
2008 NOV  
 Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Honda Stream C.C. 1799  
 Colour: Silver A/C: Insured / Std / NI / NA  
 Sp. Reading: 558158 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: RN61084363  
 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: 215/55R17  
 R: 215/55R17  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Kapsen  
 Front Rear  
 R/Bal. 6 mm R/Bal. 6 mm  
 L/Bal. 6 mm L/Bal. 6 mm  
 D.O.A. 14/7/2022 D.O.I. 27/27/2201050  
 Survey held at 1 Stop Garage  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or \_\_\_\_\_  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>REPAIR, Repair Range: 96000 - 97000, 7 days</u>
29/7/22	Submit PRS
1/11/22	Submit LS \$5700 (red 3600, 38%)

Date/Time, File Pass to?  : Prel. Report  
 : Final Report

1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) 1/11/22-typist

Rep. Format: \_\_\_\_\_  
 Lump Sum / I.E.H.: \_\_\_\_\_

Days Of Repair: 8  
 Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee:

Transportation:	
S + RS. SI	
Photos	
Others	
TOTAL	