(08/11/13) wef

ASS. REC. BY:

REF: CS3/ASM 2201177/ ~~Gvy3~~ Dvy3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: Gx 6959K

at Workshop m/s Soon Lee Choon

of

Insured: SHA 3190P

Policy No.

Claims No. S2M04EGU

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:

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: Gx 6959K Yr Regn: 8 / 2004

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

Make: Toyota Dyna 150 D c.c 2986

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

Sp.Reading 521902 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFUF34Y903 * 003627

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: 185 R 14 Wind Force RH Kapsen

R: 155 R 12 LH BS

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	5 mm
L/Bal.	6 mm	L/Bal.	5 mm
D.O.A.	7/11/22	D.O.I.	27/12/22

Survey held at

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
20/1/23	Submit LS $7050 (red 1550, 18%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 20/1/23-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 7

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I: ($)

PRS & paper survey

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