ASS. REC. BY: Kenneth

REF: SMR/ 23001147/KV

C

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Thian HH

of 609A

Insured: SG 5175J

Policy No.

Claims No. BUS/01/23/5025

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: 08 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: EX 39D

Yr Regn: 11.17

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

Make: Toy Harrier (A)

c.c 1998

Colour m. Silver

A/C: Insured / Std / NI / NA

Sp.Reading 144381

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTEZB3GH30J000787

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:

R: 235/55R18

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

Front

R/Bal. 6 mm

L/Bal. 6 mm

Rear

R/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 28/1/23

D.O.I. 6/2/2023

Survey held at

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

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

Date / Time	Action / Instruction
/	Est. not ready
27/2	L/Lmp @ 8000 Conf 2/3/23 (red 16,985.15, 67%)

Date/Time, File Pass to?

[ ] : Prell. Report

[ ] : Final Report

Days Of Repair: 8

Resurvey No. of Trip: 2

Date/Time, File Return to?

6/3/23-typist

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] Tech Invs ($)

[ ] Weekend ($)

Survey Fee:

Transportation

$ + RS. $

Parking

Others

TOTAL

Report Format : TP

Lump Sum / I.B.I: ($ 8000)