

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMD 8449L

at Workshop m/s CYCLE & CARRIAGE

of PANDAN GARDEN

Insured: CT1

Policy No. _____

Claims No. _____

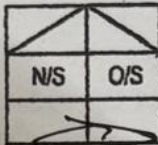
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 70K

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date / Time Action / Instruction

REPAIR LMT - 39K

Veh No: SMD 8449L Yr Regn: 2018 1 SEP

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MITSUBISHI ECLIPSE CROSS 1.5 c.c. 1499

Colour: RED AC: Insured / Std / NI / NA

Sp. Reading: 109158 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JMAXTHK1WJ2003224

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: 235/55R18

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 27/09/24

Survey held at

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 16/10/24

PANDAN G

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, File Pass to?



Prel. Report

Days Of Repair:

1)



Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

Site Insp (\$ _____)

Interview (\$ _____)

Tech. Invs (\$ _____)

Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL

Report Format :

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