Assr: SGV: REF:

# ASSIGNMENT

From: Date:

Estm Cost:

OD / PD / TP RES / OD RES / EVA / INV / MV

To Insp Vehicle No:

at WOrkshop/s

of

Insured:

Policy No.

Claims No.

Sum Ens Insd: Excess:

(Client's Record)

Make of Veh

(Policy Condition)

Remark: 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: SLM5920B Yr Regn: 2017, March.

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

Make: Volvo XC60 c.c 1969

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

Sp.Reading 31471 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: YV1DZ40LDH2126331

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 255/45R20

R: 255/45R20

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 06 mm | R/Bal. | 06 mm |
| L/Bal. | 06 mm | L/Bal. | 06 mm |
| D.O.A. | | D.O.I. | 10/10/24 |

Survey held at A-Tec

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 |
|---|---|
| | TP Sompo. |
| | MV : 60K |
| | PV : 39K |
| | Nett : 21K |

COE Expiry :

Estimate given during : Yes ( )

1st Survey : No (✓)

654A.

Date/Time, File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2)

Report Format :

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($ ) ☐ : Interview ($ ) ☐ : Tech. Inve ($ )

Survey Fee:

Transportation: $ + RS $

Photos

Others