REF:

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:

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.

N/S	O/S

Bal. or Market Value

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SE2018K Yr Regn: 2015 / Oct.

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

Make: Nissan Sylphy c.c 1598

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

Sp.Reading: 153070 T/Radio: Insured / Std / NI / NA

Eng/No: HR16974043B

C/No: MNTBBAB17Z0024781

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: 195/60 R16

R: — " —

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

Front		Rear	
R/Bal.	S mm	R/Bal.	S mm
L/Bal.	S mm	L/Bal.	S mm

D.O.A. 14/07/2017. D.O.I. 21/07/2017

Survey held at Teamwork Paya Ubi

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

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

Date / Time	Action / Instruction
	EQ XE 424A

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee: ☐ Site Insp ($) $ - RS $

☐ Interview ($) Photos

☐ Tech Invs ($) Others

☐ Weekend ($)

TOTAL

Report Format :

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