

ASSIGNMENT

From: Date: 08.12.2017

Estimated Cost:

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

To Inspect Vehicle No: SLC 2109A

at Workshop no: Hitachi Capital
of No. 8 Fourth Lk Yang Road.

Insured

Policy No.

Claims No.

Sum Insured: Excess:

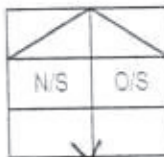
(Client's Record)

Make of Veh:

(Policy Condition)

3pm
owner waiting

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



Bal. or Market Value:

IDAC Accident Report: 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: SLC 2109A Yr Reg: 2016 May.

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

Truck / Trailer or

Make: Honda Stepwagon cc: 1496

Colour: white Insured / Std / NI / NA

Sp. Reading: 43674 T Radiol Insured / Std / NI / NA

Eng No:

C/No: RP 31015573

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: 205/60R16

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.

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

Date/Time File Pass to?

☐ : Preli. Report

☐ : Final Report

Date/Time File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transport

3-PM 3

Photo

Other

Add Fee: ☐ : Site Insp \$

☐ : Interview \$

☐ : Tech Insp \$

☐ : Weekend \$

Report Format :

Lump Sum / I.B.I. \$

TOTAL