REF: III

ASSIGNMENT

From: Date: 22.11.2017

Estimated Cost:

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

To Inspect Vehicle No: YP 4297D

at Workshop m/s: Convince Auto

of: 176 Sin Ming Drive #04-04

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh:

10am - 12pm

(Policy Condition)

N/S	O/S

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

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: YP4297D. Yr Regn: Sep 2016

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

Make: Isuzu. cc: 5193

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

Sp.Reading: 55838. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JAANPR75*G7103225

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: 215/75/R17.5

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	15/4/2017	D.O.I.	22/4/2017

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?

1.

Date/Time File Return to?

2.

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp. $ ☐ Interview $ ☐ Tech. Insp. $ ☐ Weekend $

Survey Fee

Transportation

Photo

Other

Report Format:

Lump Sum / I.B. $