

ASS. REC. BY:

REF: AG/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Lim Yew Boo

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.

<input type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: 20k

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLQ 5729J Yr Regn: 10, 08

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

Make: Toy Cont c.c. 1998

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

Sp. Reading: 203113 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRO53BK4107032793

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 / RIM or

Tyre Size: F: 215/60R16

R: _____

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

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 5 mm

L/Bal. 6 mm L/Bal. 5 mm

D.O.A. 27/11/17 D.O.I. 11/12/17

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or N/S/R

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>12/12</u>	<u>File pass to Catherine</u>
<u>11/12</u>	<u>21501 excel</u>

Date/Time, File Pass to? : Prel. Report : Final Report

1) Date/Time, File Return to? : Prel. Report : Final Report

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech Invs (\$)
 : Weekend (\$)

Survey Fee:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Transportation:	
\$ + RS _____ SI	
Photos	
Others	
TOTAL	<input type="text"/>

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