

REF: FWD

SINGAPORE

Xcel

ASSIGNMENT

From: _____ Date: 4/12/17

Estimated Cost: _____

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

To Inspect Vehicle No: GBG 7669P

at Workshop mis: Think One Autocare
of: No. 18 Defu Avenue 2, 539522

Insured: _____

Policy No: _____

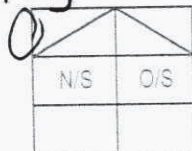
Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record): _____

Make of Veh: _____

(Policy Condition): _____

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

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

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP: / 24 HRS 'wp'

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBG 7669P Vn Regn: 20 Oct 2017
Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Hiace cc 2982

Colour: Silver A.O: Insured / Std / NI / NA

Sp. Reading: 5013 T. Radio: Insured / Std / NI / NA

Eng/No: _____

C.No: KPH 2015 029 059

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orMod: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/80 R15

R: "

BS: ☒ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. _____

Survey held at

Des. of Damages: Fnt / 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?

2

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee

Transportation

1.8 - 1.8

Photos

1.8 - 1.8

Report Format: _____

Lump Sum / I.B.I. \$

Add Fee:

☐
☐
☐
☐

Site Insp. \$

Interview \$

Tech. Insp. \$

Weekend \$