REF: FWD

Driver: Keel.

ASSIGNMENT

From: Date: 4/12/17

Estimated Cost:

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

To Inspect Vehicle No: GBG 7669P

at Workshop m/s Think One Autocare

of No·18 Defu Avenue 2, 539522

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

2pm @ owner waiting

(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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'up'

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBG 7669P Yr Regn: 20 Oct 2017

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

Make: Toyota Hiace c.c: 2982

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

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

Eng No:

C/No: KDH 2015 029 059

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Alloy / S/Rim / STD A/Rim, or

Tyre Size: F: 195/80 R15

R: 11

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.		D.O.I.	04-12-17

Survey held at W/S 2pm

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

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 Insc ($ ☐ Interview ($ ☐ Technical ($ ☐ Weekend ($

Survey Fee

Transportation

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B I: ($