REF: 10

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SDL2795R

at Workshop m/s Progressive Automotive

of BLK 3022A Ubi Rd1 #01-45

Insured.

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

3/1/2018 After 9.30am.

(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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SDL2795R. Yr Regn: 2015 Sept

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

Make: Nissan Sylphy. c.c 1598

Colour Red. A/C Insured / Std / NI / NA

So.Reading 46074 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MNTBBAB17Z0024690.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/60R16.

R: 195/60R16.

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	03/01/18

Survey held at Progressive (Ubi)

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

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP III

Date/Time File Pass to?

: Preli. Report

: Final Report

Date/Time File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Photos

Others

TOTAL

Add Fee: Site Insp $

Interpreter $

Technical $

Weekend $

Report Format :

Lump Sum / I.B.I: $