REF: EQZ

ASSIGNMENT

From: Date: 20.12.2017

Estimated Cost:

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

To Inspect Vehicle No: SLP 2379T

at Workshop m/s Cycle & Carriage

of 330 Ubi Rd 3

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: MACS - 9179 2566

(Policy Condition) 2pm owner waiting

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: SLP2379T Yr Regn: S 17

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

Make: M.i.t Outlander c.c 2360

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

Sp.Reading: 12512 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JMYXTGF3WH7002299

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:

R: 225/55-R18

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.	18/12/17	D.O.I.	20/12/17

Survey held at

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

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:

Survey Fee:

Transportation: $ - RS $

Add Fee: ☐ Site Insp ($) Photos

☐ Interview ($) Others

☐ Tech. Invs ($)

☐ Weekend ($) TOTAL

Report Format :

Lump Sum / I.B.I: ($)