REF: ATG

ASSIGNMENT

From: Date: 29.12.2017

Estimated Cost:

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

To Inspect Vehicle No: SKK 4468U

at Workshop m/s: City Auto

of: 8 Sin Ming Ind Est #01-58

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh:

10:30am

(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: 01 days Res.: Yes or No

Lum Sum: 1-A, % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKK 4468U Yr Regn: 07 13

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

Make: NIS Almera cc: 1498

Colour: M. Grey A/C: Insured / Std / NI / NA

Sp.Reading: 25138 T.Radio: Insured / Std / NI / NA

Eng No:

C/No: MNTBBAN17Z0000515

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: P5/55R16

R:

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

Front		Rear	
R/Bal.	3 mm	R/Bal.	5 mm
L/Bal.	3 mm	L/Bal.	5 mm
D.O.A.	25/12/17	D.O.I.	29/12/17

Survey held at: ✓

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

O/S Rear

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

OPC

Date / Time	Action / Instruction
2/1	File pass to Catherine
	$3201.

Date/Time File Pass to?

Date/Time File Return to?

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp. $ ☐ Interview $ ☐ Tech. Insp. $ ☐ Weekend $

Survey Fee

Transportation

Photos

Others

Report Format :

Lump Sum / I.B I: 3