REF: ATLG

ASSIGNMENT

From: Date: 19.01.2018

Estimated Cost:

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

To Inspect Vehicle No: SLH 7035U

at Workshop m/s Esteem Performance

of Sin Ming

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 03 - 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: SLH 7035U Yr Regn: 11 16

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

Make: Toy Prius Hybrid 1798

Colour M. P. White A/C: Insured / Std / NI / NA

Sc.Reading 103675 T.Radio: Insured / Std / NI / NA

Eng.No:

C.No: JTDKB3FU6D3537436

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: 195/65R15

R:

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	6 mm
L/Bal.	7 mm	L/Bal.	6 mm
D.O.A.	31/12/17	D.O.I.	19/1/18

Survey held at

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

O/S 1/4

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

Date / Time	Action / Instruction
22/1	File pass to Catherine

Date/Time. File Pass to? ☐ : Preli. Report

1: ☐ : Final Report

Date/Time. File Return to?

2:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Photos

Other

Add Fee: ☐ Site Insp $

☐ Inter. Est. $

☐ Test Drive $

☐ Assessing $

Report Format :

Lump Sum / I.B.I. $

TOTAL