

ASSIGNMENT

From: _____ Date: **15/01/18**

Estimated Cost: _____

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

To inspect Vehicle No: **SKJ 96804**

at Workshop no: **Lim Tan Motor**

of **Blk 176, Sin Ming Drive #03-09/10**

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: **\$750.00**

(Policy Condition)

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

NIS	O/S

Ball or Market Value: **\$64k**

IDAO Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: **06** days Res: Yes or No

Lum Surg: **1-B.1** % 3 Val: Yes or No

CA / ☒ REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle IN / OUT

Veh No: **SKJ 96804** Page: **05 13**

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

Make: **Mazda** **3** **1598**

Colour: **M. Grey** A/C: ☐ Insured / ☐ Std / ☐ Nil / ☐ NA

So Reading: **65166** T Radio: ☐ Insured / ☐ Std / ☐ Nil / ☐ NA

Eng No: _____

C No: **JM 8BL 10 720 0360 P84**

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt

Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Mod: ☐ Nil / ☐ S/Rim / ☒ STD A/Rim or

Tyre Size: F: **215/45ZR17** R: _____

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

Front	Rear
R.Bal. 7 mm	R.Bal. 7 mm
L.Bal. 7 mm	L.Bal. 7 mm
D.O.A. 12/1/18	D.O.I. 15/1/18

Survey held at: _____

Des. of Damages: ☐ Frt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ UIC / ☐ Rooftop or **RM N/S**

The UIC / Chassis frame / Body Structure affected due to collision

Date Time Action Instruction

16/1 Feb pass to Certum

2/2/2018

Date/Time File Pass to: ☐ Preli. Report ☒ Final Report

5/2 Typist

Date/Time File Return to: _____

Days Of Repair: **6**

Resurvey No. of Trip: _____

Survey Fee

Transportation

Report Format: **OD**

Lump Sum: **3768'40**

Add Fee: ☐ Site Insp: \$ ☐ Interview: \$ ☐ Tech: \$ ☐ Test: \$

