(08/11/13) wef

ASS. REC. BY: Marcus

REF: Eu/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: GBA7173J

at Workshop m/s Lim's Bro

of

Insured: SLC9545P

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 28k

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 30/9/2022

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBA7173J Yr Regn: 10/07

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

Make: FIAT Doblo c.c 1910

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

Sp.Reading 314917 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZFA22300005534292

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ~~Inorder / Jammed / Leaked / Burnt~~ or → Affected

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/65R15

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	26/1/18	D.O.I.	31/1/18

Survey held at

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

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

Date / Time	Action / Instruction
	LTA 18916
	4 tyrs Rmb Dep 6500 rett 9054

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:

Transportation: ___S + RS, ___SI

Photos

Others

TOTAL