Singapore

REF: ALH

ASSIGNMENT

From: Date: 05.02.2018

Estimated Cost:

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

To Inspect Vehicle No: SKH468J

at Workshop m/s Hui Yang

of Blk 176 Sin Ming Drive #04-03

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition) after 11am

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: SKH 468J Yr Regn: 07 08

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

Make: Mazda A) 6 c.c 1999

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

Sp.Reading: 248258 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JM6GH10F18011003

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: 225/45 R18

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. 29/1/18 D.O.I. 5/2/18

Survey held at

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

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

Date / Time	Action / Instruction
6/2	File pass to Catherine

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 ($) ___$ - PE ___$)

☐ Interview ($

☐ Tech. Inv/s ($

☐ Weekend ($

Survey Fee:

Transportation

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: ($