REF: AtCh h

ASSIGNMENT

Date: 27.12.2018

Estimated Cost:

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

To Inspect Vehicle No: SJX 3619B

at Workshop m/s Motor Image

of 19 Lorong 8 Toa Payoh

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

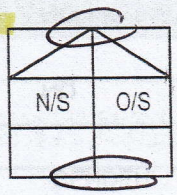
(Client's Record)

Make of Veh:

after 10am

(Policy Condition)

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: 12 days Res.: Yes or No

Lum Sum: I.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJX 3619B Yr Regn: 06 10

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

Make: Nissan Foreste c.c 1997

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

Sp.Reading 154510 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JF1SA49K-T59G018733

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: 235/50R18

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	6 mm
L/Bal.	5 mm	L/Bal.	6 mm
D.O.A.	10/2/18	D.O.I.	27/12/18

Survey held at

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

& RH

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

Date / Time	Action / Instruction
28/12	File pass to Corkrine

P/P (UNCONTESTED) $ 11,160.68

CHECK TOOLS $ 7,101.44

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___$ + RS.___SI

Photos

Others

TOTAL