

Singapore

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

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: _____

IDAC Accident Report: _____ 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHB 5189B Yr Regn: 10/10/2017

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

Make: Toyota Prins 4 c.c. 1798

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

Sp. Reading: 6657 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU403572818

Gen. Cond: Good / Fair / Poor / Burnt

Steering: InOrder / Jammed / Leaked / Burnt or

Brake: InOrder / Jammed / Leaked / Burnt or

Modl: NI / S/Rim / STD A/Rim or

Tyre Size: F: 195/65-R15

R: 4

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

Front R/Bal. 7 mm Rear R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 17/3/18 D.O.I. 11/3/18

Survey held at SMART

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

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

Date / Time	Action / Instruction
	TAX/03/18/2090
	LKK
	14
	SHB 6365H

Date/Time, File Pass to? : Prel. Report

: Final Report

1) Date/Time, File Return to?

2) _____

Report Format : _____

Lump Sum / I.B.I. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

(\$ + RS. SI)

Phons _____

Others _____

: Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

TOTAL _____