

Surry

ASSIGNMENT

From: _____ Date: 24/04/2018

Estimated Cost: _____

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

To Inspect Vehicle No: SLN 1868R

at Workshop m/s TTS Eurokars

of 383 Sin Ming Drive

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.

Bal. or Market Value: 21840

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: SLN 1868R Yr Regn: 04 17

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

Truck / Trailer or _____

Make: M C200 c.c. 1991

Colour: M-R White A/C: Insured / Std / NI / NA

Sp. Reading: 18387 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2130422A 111929

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 245/40R19

R: 275/35R19

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

Front	Rear
R/Bal. 8 mm	R/Bal. 8 mm
L/Bal. 8 mm	L/Bal. 8 mm
D.O.A. 21418	D.O.I. 241418

Survey held at _____

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

& / 14

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

Date / Time	Action / Instruction
25/4	File pass to Catherine

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

1) : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Survey Fee:	
Transportation:	
_____ S + RS, ___ SI	
Photos	
Others	
TOTAL	

Report Format :

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