

Signature

REF:

III

C183C

ASSIGNMENT

(-2018)

From: Date: 18/05/18

Estimated Cost:

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

To Inspect Vehicle No: SJJ6702 Y
at Workshop m/s Wei Lee Motor Works
of Blk 9 Sin Ming Ind. Est #01-32

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: \$13K

IDAC Accident Rpt: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (wp)

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SJJ6702 Y Yr Regn: 23 Sep 2008

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

Truck / Trailer or

Make: Toyota AHI'S C.C. 1598

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

Sp. Reading 144554 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR0538EE106114377

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: 215/45 R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIZ / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. D.O.I. 18-05-18

Survey held at W/S 14pm

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

Date/Time. File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time. File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

) \$ + RS. SI

) Photos

) Others

TOTAL

Report Format :

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

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$