REF: AxA

ASSIGNMENT

From:

Date: 13/6/18

Estimated Cost:

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

To Inspect Vehicle No: SG 1031 S

at Workshop m/s SMRT

of

Insured:

Policy No.

Claims No.

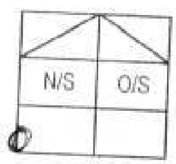
Sum Insured: Excess:

(Client's Record)

Make of Veh: Mr-Goh

(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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'up'

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SG 1031 S Yr Regn: Feb / 2016

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

Make: Mercedes Benz c.c. 6374

Colour: multi-colour A/C: Insured / Std / NI / NA

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

Eng/No: 902926C1103878

C/No: WEB6280832313O2'85

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: 275/70 R22.5

R: 275/70 R22.5

(BS) / DUN / EXNOVA / GY / FS / LIZA / MIC / 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. 8/8/2017 D.O.I. 12/6/2018

Survey held at SMRT

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

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:

Add Fee: ☐ : Site Insp (S$

☐ Interview (S$

☐ Tech. Invs (S$

☐ Weekend (S$

Report Format :

Lump Sum / I.B.I: (S

Survey Fee:

Transportation

) ___ S+RS ___ S)

) Photos

) Others

TOTAL