(08/11/13) wef
ASS. REC. BY: [signature]

REF: FWD - 14866/M243 + (e) 0430B

ASSIGNMENT

From: Date: 31/08/18

Estimated Cost:

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

To Inspect Vehicle No: SJB1057B

at Workshop m/s TC Autoclinic

of 25 Leng Kee Rd

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record) 10am-12pm

Make of Veh: owner waiting
shawn

(Policy Condition) 96450023

N/S	O/S

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)

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJB1057B Yr Regn: 2015 / APR

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

Make: NISSAN QASHQAI 1.2 c.c 1197

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

Sp.Reading 71086 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: SJNFEAJ11U1323307

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: 215/60R17

R: -"-

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.	07/08/18		D.O.I.	31/08/18	

Survey held at TC AUTOCLINIC

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:

Add Fee: [ ] : Site Insp ($)
[ ] : Interview ($)
[ ] : Tech. Invs ($)
[ ] : Weekend ($)

Survey Fee:
Transportation:
__S + RS, __SI
Photos
Others
TOTAL

Report Format :

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