

(08/11/13) wef

REF: III

ASS. REC. BY:

## ASSIGNMENT

From:

Date:

03/09/18

Estimated Cost:

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

To Inspect Vehicle No:

SLQ 8195L

at Workshop m/s

Hui Yang

of

81K176 Sin Ming Drive #04-02

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

After 11am

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

hwp

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLQ 8195L

Yr Regn:

OF, 17

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

Truck / Trailer or

Make:

Honda Vezel

c.c

1800

Colour:

M. Black

A/C: Insured / Std / NI / NA

Sp. Reading

87929

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Ru 3

1252250

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R16

R:

BS: ☒ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

28/8/18

D.O.I.

3/9/18

Survey held at

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

FR O/S

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

Date / Time

Action / Instruction

4/9

File pass to Catherine

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:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$