

ASSIGNMENT

From: Date: 29/11/2018

Estimated Cost:

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

To Inspect Vehicle No: SJP 3167E

at Workshop m/s Falcon-Air Auto

of Blk & penden loop

Insured:

Policy No.

Claims No.

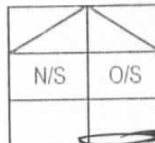
Sum Insured: Excess:

(Client's Record)

Make of Veh: Name owner writing

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt: 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: SJP 3167E Yr Regn: 2009 / M4L

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

Truck / Trailer or

Make: MAZDA 3 SP C.C. 1598

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

Sp. Reading: 207827 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JM 66K106280449609

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: 205/55R16

R:

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

TOYO / YOKO or D AVANTI

Front

Rear

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

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

D.O.A. 26/11/18 D.O.I. 29/11/18

Survey held at Falcon-Air

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

Rear o/s

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:

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

) \$ + RS. SI

) Photos

) Others

Report Format :

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

TOTAL