

Signature *Person*

REF:

96892

EXP. DATE: 2026/APR

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: *SGF 47895*

at Workshop m/s *MOVA*

of *15, Faw Yonk*

Insured: *111*

Policy No.

Claims No.

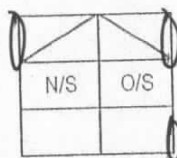
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: *SGF 47895* Yr Regn: *2006 / APR*
Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

Make: *TOYOTA VIOS 1.5 GA* C.C: *1497*

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

Sp. Reading: *116195* T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: *MRO 53HY 4204178874*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: *S* / J / Jammed / Leaked / Burnt or

Brake: *S* / J / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / *M/O* / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal. *S* mm

L/Bal. *S* mm

D.O.A. *20/01/19*

Survey held at

Rear

R/Bal. *S* mm

L/Bal. *S* mm

D.O.I. *22/01/19*

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

N/S FRT, U/S FRT & O/S REAR
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Report limit SK only

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

☐ \$ + RS. ☐ SI

☐ Photos

☐ Others

☐ TOTAL