Carriage | REF: CTI

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SGH8021L

at Workshop m/s Cycle & Carriage.

of No. 330 Ubi Rd 3.

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

8/3/2019 10am Owner Waiting

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 1 ¢

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 22/6/2021

Vehicle: IN / OUT

Date: Person Contacted:

Veh No. SGH8021L Yr Regn: 6 / 06

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

Make: KIA RIO c.c. 1399

Colour Gold A/C Insured / Std / NI / NA

Sp.Reading 81734 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNADE241266118044

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: 175/70R14

R:

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	18/7/19	D.O.I.	8/3/19

Survey held at

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

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

Date / Time	Action / Instruction
	2yrs Kah. LTA 10594 nett 3406

Date/Time, File Pass to? ☐ : Preli. Report ☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: ☐ : Site Insp ($) S + RS SI

☐ : Interview ($) Photos

☐ : Tech Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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