

Vehicle: Hwee Jie

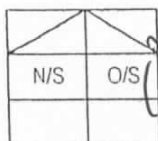
REF: III

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

Date / Time	Action / Instruction

Veh No: SMB91 Y Yr Regn: 17 Jul 2009
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Mercedes OC500 C.C. 11967
 Colour: Green A/C: Insured / Std / NI / NA
 Sp. Reading: 151409 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WEB63442021000221
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 275/70R22.5
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Fireenza
 Front Rear
 R/Bal. 7 mm R/Bal. 7/7 mm
 L/Bal. 7 mm L/Bal. 7/7 mm
 D.O.A. 4/4/19 D.O.I. 10/4/19
 Survey held at Smart
 Des. of Damages: Frt / Rear / DS / NIS / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time. File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

1)

Date/Time. File Return to?

2)

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

) \$ + PS. SI

) Photos

) Others

Report Format :

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

TOTAL