

(08/11/13) wef

REF:

ASS. REC. BY: Marcus**ASSIGNMENT**

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SLS8343R
 at Workshop m/s 200m Auto works -
 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.

N/S	O/S

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: SLS8343R Yr Regn: 10/17
 Type: M. Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or CAI
 Make: Honda Verel Hybrid 1496
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading: 137838 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: RU 31252445
 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: 215/55R17
 R: _____

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

Front 6 mm Rear 6 mm
 R/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 22/4/19 D.O.I. 25/4/19
 Survey held at _____

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

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

Date / Time Action / Instruction

LTA 44272

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____) ☐ : S + RS, SI
☐ : Interview (\$ _____) ☐ : Photos
☐ : Tech. Invs (\$ _____) ☐ : Others
☐ : Weekend (\$ _____)

Report Format : _____

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

Survey Fee: _____

Transportation: _____

Photos

Others

TOTAL