ASS. REC. BY:

ASSIGNMENT

From: Date: 28/5/19

Estimated Cost:

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

To Inspect Vehicle No: SKT 8493Y

at Workshop m/s Motor Image

of 19 lorong 8 toa payoh

Insured:

Policy No.

Claims No.

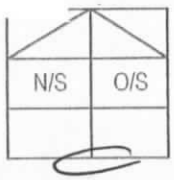
Sum Insured: Excess:

(Client's Record)

Make of Veh: Car already in

(Policy Condition)

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



Bal. or Market Value: 8720

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS hup?

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKT 8493Y Yr Regn: 06/15

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

Make: Subaru A/ Legacy c.c 2498

Colour M. Silver A/C: Insured / Std / NI / NA

Sp.Reading 83725 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JF1BN9KC2FG002812

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: 235/45R18

R:

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

Front		Rear	
R/Bal.	3 mm	R/Bal.	4 mm
L/Bal.	3 mm	L/Bal.	4 mm
D.O.A.	615119	D.O.I.	2815119

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

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	