

ASS. REC. BY:

Sten

REF: ASM(A&gt;A)

## ASSIGNMENT

From:

Date:

10/6/19

Estimated Cost:

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

To Inspect Vehicle No:

SLQ 710SD

at Workshop m/s

Vantage Automotive

of

305 Alexandra Road

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Melody @ 9278 2710

(Policy Condition)

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

N/S	O/S
XXX	

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

Wp

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLQ 710SD

Yr Regn:

20/7/17

Type: M.Car

M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Peugeot 308

c.c

1199

Colour

Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

41005

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VFJLR-HINYW H S127913

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:

205 / 55R16

R:

1

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

2/6/19

D.O.I.

10/6/19

Survey held at

Vantage

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

MV-80K

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Week end (\$)

Report Format:

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