

(08/11/13)

ASS. REC. BY: Marcus

REF

EQ1

ASSIGNMENT

From:

Date:

1.7.2019

Estimated Cost:

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

To Inspect Vehicle No:

SBL 9889G

at Workshop m/s

Hart wah moto

of 3011 Bedok Industrial Park E #01-2008

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Moring

(Policy Condition)

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

Bal. or Market Value:

886.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

rup' 17452750

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SBL 9889G

Yr Regn:

5117

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

Truck / Trailer or

CA /

Make:

Audi

A3

c.c.

999

Colour

Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

3805-9

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WAUZZZ8V6H1068789

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:

205/55 R16

R:

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.

14/6/19

D.O.I.

17/7/19

Survey held at

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

Rear 115.

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

Date / Time

Action / Instruction

4/5 @ 4100

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ + RS, \$ SI

Photos

Others

TOTAL

Report Format :

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