Invoice Steve | REF:

ASSIGNMENT

From | Date:

Estimated Cost

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

To Inspect Vehicle No:

At Workshop m/s

at

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
	X

Bal. or Market Value.

IDAC Accident Rport: 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. SLE 4629 S Yr Regn. 21/7/16

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

Make: Honda Vezel c.c 1496

Colour Red A/C Insured / Std / NI / NA

Sp.Reading 53278 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RU1200802

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: 215/60R16

R: "

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	30/6/19	D.O.I.	30/7/19

Survey held at Hum Hong

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

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

Date / Time	Action / Instruction
	MV-65K

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ Tech Invs ($)

☐ Weekend ($)

Survey Fee:

Transportation

$ + RS $)

) Photos

) Other

) ...

Total

Report Format :

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