ASSIGNMENT

From Date:

Estimated Cost

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

To Inspect Vehicle No:

at Workshop m/s

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
X	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 SJT 8317K Yr Regn. Oct 2009

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

Make: Honda Civic cc

Colour White A/C Insured / Std / Nil /

Sp.Reading 183519 T/Radio: Insured / Std / Nil

Eng/No:

Ch/No: JHMFD16309 S 201518

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 h

R:

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

Front		Rear
R/Bal.	6 mm	R/Bal. 6
L/Bal.	6 mm	L/Bal. 6
D.O.A.	28/6/19	D.O.I. 2/7/19

Survey held at Weng Kee

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

The U/C / Chassis frame / Body Structure affected due to co

Date / Time Action / Instruction

GIA report

lump sum $3150 (Recd: 3870-45= 55%)

Date/Time. File Pass to?

1) M/U Typist

Date/Time. File Return to?

2)

☐ : Prell. Report

☒ : Final Report

Days Of Repair: 6

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: ☐ : Site Insp ($

☐ : Interview ($

☐ : Tech Invs ($

☐ : Weekend ($

Report Format : TP

Lump Sum / I.B.I: ($ 3150/-