

ASS. REC. BY:

REF

Asm (ASA)

ASSIGNMENT

From: _____ Date: 9.7.2019

Estimated Cost:

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

To Inspect Vehicle No: SLC 2633Cat Workshop m/s Team Autoproof 160 Snn Ming Dr, # 01-14

Insured:

Policy No. _____

Claims No. _____

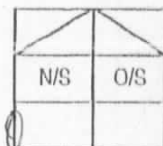
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

mp

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLC 2633C Yr Regn: 19/10/2010Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Primo Mover /

Truck / Trailer or

Make: Honda Accord c.c. 2354Colour: Black A/C: Insured / Std / NI / NASp. Reading: 224531 T/Radio: Insured / Std / NI / NAEng/No: K2AZ23950557C/No: MRHCP2630AP060005Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/50/17R: 225/50/17BS / DUN / EXNOVA / SY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 9/7/19Survey held at Team AutoproDes. 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 30,000/2PV 24,661/2NV 5,339/2

TGA m mi

10/7/19

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:

3 + RS, SI

Photos

Others

TOTAL

Report Format: _____

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