(08/11/13) wef

ASS. REC. BY: Marcus

REF: A/W

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SGR 6753Z

at Workshop m/s ff.

of

Insured: SKG 65306

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

Bal. or Market Value: 17500 ~~16500~~

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SGR 6753Z Yr Regn: 1 / 07

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

Make: Toyota Vios c.c 1497

Colour Grey A/C: Insured / Std / NI / NA

Sp.Reading 183310 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR0531Y420421465

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: 185/60R14

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	17/8/19	D.O.I.	19/8/19

Survey held at

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

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

Date / Time	Action / Instruction
	knocked 24hrs. Sub refit 234
	LTA 12266 exp 22-1-2022 Dep 6000
30/8/19	f/s $5000 confirmed with Ah

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:

Add Fee: ☐ : Site Insp ($) S + RS, SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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