

(08/11/13) wef
ASS. REC. BY: Marcus

REF:

EQ

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD (TP / WS / TP RES / OD RES / EVA / INV / MV)
To Inspect Vehicle No: SGD 614
at Workshop m/s: JA
of _____
Insured: 6BE431814
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: SGD 614 Yr Regn: 4, 09
Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or CA
Make: Toyota Alford c.c. 2362
Colour: Black A/C: Insured / Std / NI / NA
Sp. Reading: 129902 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: ANH20 8025276
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

(Policy Condition)
Remark: **The veh had commenced its repair at the time of inspection.**

N/S	O/S

Tyre Size: F: _____ R: 235/50 R18
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or kin forest
Front 6 mm Rear 6 mm
R/Bal. 6 mm L/Bal. 6 mm
L/Bal. 6 mm
D.O.A. 17/8/19 D.O.I. 28/8/19
Survey held at _____
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S Rec
The U/C / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: 75k.
IDAC Accident Rpt: 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
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
<u>31-1-2029</u>	<u>17A 29549</u>

Date/Time, File Pass to? : Preli. Report : Final Report
1) Date/Time, File Return to? _____
2) _____
Days Of Repair: _____
Resurvey No. of Trip: _____ Survey Fee: _____
Transportation: _____
Add Fee: : Site Insp (\$ _____) : Interview (\$ _____) Photos
 : Tech. Invs (\$ _____) Others
 : Weekend (\$ _____)
Report Format : _____
Lump Sum / I.B.I. (\$) _____
TOTAL _____