Address
Postcode
Insurance Co
Nature Of Damage

REF: IV

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

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: Bicycle. Yr Regn: 1 Dec 2018

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Specialized Men SL6 Disc Di2

Make: S-works Tarmac c.c —

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

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

~~Eng~~ Part/No: 90618 - 0454

C/No: WSBC 6043795 49N

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: 700 X 26 mm

R: 11

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

Front		Rear	
R/Bal.	/ mm	R/Bal.	/ mm
L/Bal.	mm	L/Bal.	mm
D.O.A.		D.O.I.	28-08-19 10AM

Survey held at B/K 253 Bishan St 22

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or $111-420

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

Date / Time	Action / Instruction
28/8	Total loss due to Body structure Damaged. Finalized $14300 with Mr. Lim Owner only agreed to let us discount $300.

29/8/2019

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 ($)

☐ : Weel end ($)

Report Format :

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

Survey Fee:

Transportation:

___S + RS, ___SI

Photos

Others

TOTAL