

ASSIGNMENT

From: _____ Date: 10/9/19

Estimated Cost: _____

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

To Inspect Vehicle No: SKH 6691T

at Workshop m/s People's Vehicle Recovery

of Blk 3023A Ubi Road 1 # 01-60

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 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 (wp)

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKH 6691T. Yr Regn: 2007 / April

Type: M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz S300L c.c. 2997

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

Sp.Reading: 203338. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WPD2211542A137822.

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: 255/45R18.

R: 255/45R18.

BS / DUN / EXNOVA / GY / FS / LIZA MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. ob mm R/Bal. ob mm

L/Bal. ob mm L/Bal. ob mm

D.O.A. _____ D.O.I. 10/09/19.

Survey held at People.

Des. 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
TP FWD.

COE Expiry: 31/03/27

MV: 67K
PV: 38K
Nett: 29K.

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 (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

____ S + RS, ____ SI

Photos

Others

Report Format : _____

Lump Sum / LBI: (\$ _____)

TOTAL