

ASSIGNMENT

From

Date

Estimated Cost:

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

To Inspect Vehicle No: **SHC 6245K**

at Workshop n/s: **Premier**

of **23 Changi South Ave 2 #01-02**

Insured

Policy No.

Claims No.

Sum Insured:

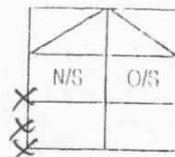
Excess:

(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 Rptd:

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

Veh No: **SHC 6245 K**

Yr Regn: **23/10/2014**

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

Truck / Trailer or

Make: **Kia OPTIMA 1.7A**

c.g. **1685**

Colour: **Silver**

A/C: Insured / Std / NI / NA

Sp. Reading: **580580**

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: **KNAGMA 14MF5513533**

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:

205/65 R16

R:

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

TOYO / YOKO or **maxxis**

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A. **27/09/2019**

D.O.A. **18/11/19**

Survey held at

Premier

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

N/S

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

LIS

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 x RS. 50

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$