

APP 25.11.19

REF CS/AG119020789/3-EB

Special Instructions

ASSIGNMENT (Officer)

Assigned to **Jay Rathia**

AG1

Date/Time **25.11.19 12:47 PM**

Station/Unit

Bill to

OD / IP / WS / IP RES / OD RES / IVA / INV / MY / CS

To be put Vehicle No

XE 3659U

Insured

SJJ 5633U

at Work shop no

mah lan motor

Ref

6282336

of **NO 38 Defu Low 9**

Policy No

Claim No

C 100046781 IM

Sum insured

Paid

Make of Veh

TOGA

20.11.2019

at Work's Premises

CA / REV / REP / REV 24 HRS

Date/Time

25.11.19 11:47 PM

Person Contacted

Si Hui

BU/BU/BU/BU/BU

Vehicle **IN/OUT**

Date/Time

Action/Status

☒ (Checked)

ASS. REC. BY: *Marcus*

REF:

AG:

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.

Bal. or Market Value:

IDAC Accident Report:

GP / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted

N/S	O/S

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

L7A38483

Vehicle: IN / OUT

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

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

Tyre Size:

F:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Date / Time Action / Instruction

14/4/20 confirmed w/s \$3200 with s.hui (Red 2663.66, 4590)

Date/Time: File Pass to?

1)

Date/Time: File Return to?

2)

Report Format:

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

☐ : Preli. Report

☐ : Final Report

TP

3200/2

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

☐ S + RS ☐ SI

☐ Photos

☐ Others

TOTAL