

REC. BY:

REF:

INC.

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: _____

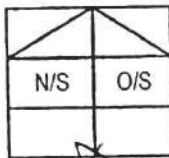
Claims No: _____

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: \$16K.

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJR 872 L Yr Regn: 2009 / JuneType: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Kia Picanto 1.1M c.c. 1086Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 84876 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNA 64 24329.T 753450.Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 165/60 R14R: 1 -

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

TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mm

D.O.A.

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 17/3/20Survey held at Rico 60

02:02PM

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1) 29/04 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Form: TPLump Sum / Bill: 4000Days Of Repair: 7Resurvey No. of Trip: 1Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Wheel end (\$)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

[Signature]
19/3