

ASSIGNMENT

From:

Date: 2/4/2020

Estimated Cost:

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

To Inspect Vehicle No:

SMG 6023D

at Workshop m/s

My Car Consultant

of

53 Ubi Ave / # 0133

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Veh No:

SMG 6023D

Yr Regn:

25/12/2018

Type:

M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make:

Toyota Prius

C.C

1797

Colour

Black

A/C:

Insured / Std / NI

Sp. Reading

112991

T/Radio:

Insured / Std / NI

Eng/No:

28ROC65192

C/No:

JTDZS3EUX0J034858

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: 205/60/16

R: 205/60/16

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.

Bal. or Market Value:

87,000/-

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4 days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

WP

Date:

Person Contacted:

Vehicle: IN / OUT

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

FIRENZA

Front

Rear

R/Bal.

6 mm

R/Bal.

6

L/Bal.

6 mm

L/Bal.

6

D.O.A.

30/3/2020

D.O.I.

2/4/2020

Survey held at

My Car Consultant

Des. of Damages:

Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	Range 1,000/- - 2,000/-
	Lump sum repair requested by workshop.
	TGLim 15/5/2020
	MV 87,000/-
	PV 45,000/-
	NY 41,935/-
	TGLim 2/4/2020

Date/Time, File Pass to?

☐ : Preli. Report
 ☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐ : Site Insp (\$
 ☐ : Interview (\$
 ☐ : Tech. Invs (\$
 ☐ : Weekend (\$

☐ : S + RS
 ☐ : SI
 ☐ : Photos
 ☐ : Others

TOTAL