

ASS. REC. BY:

bcl.
PRS

REF:

CS3/AG20005002/Gtf3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

DC's Automotive

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLG520L

Yr Regn:

19 sep 2016

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

Truck / Trailer or

Make:

Mazda 3 2.5

c.c

1496

Colour:

Red

A/C: Insured / Std / NI / NA

Sp. Reading

98233

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

IM6BM42A8G0343624

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:

205/60R16

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

07-04-20
3:30pm

Survey held at

w/s

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

o/s Rear

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



: Preli. Report



: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

1)

Date/Time, File Return to?

2)

01) Bent (2) Denied (3) Distorted (4) Cracked (5) Cut (6) Scratched
07) Deformed (8) Shifted (9) Buckled (10) Broken (11) Necessary (12) Missing
13) Torn (14) Unconfirmed (15) Not Working

MOTOR CAR (RH)

1. H_2SO_4 (aq) 2. H_2SO_4 (aq) 3. H_2SO_4 (aq)
 4. H_2SO_4 (aq) 5. H_2SO_4 (aq) 6. H_2SO_4 (aq)

Vehicle No:

519 520L

Right Portion

[illegible][illegible]

No of Items: _____ Assessor: _____