

ASS. REC. BY:

REF: A.W.

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s Lee Hiew Sing
 of 03-10
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 8-10 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: PM24812R Yr Regn: 1
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Traller or _____
 Make: Porsche Panamera C.C.
 Colour: M.P. White A/C: Insured / Std / NI / NA
 Sp. Reading: 114787 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WPOZZZ 97ZBL003907
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rlm / STD / VRM or
 Tyre Size: F: 255/40 ZR20
 R: 295/35 ZR20
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front R/Bal. 6 mm Rear R/Bal. 4 mm
 L/Bal. 6 mm L/Bal. 4 mm
 D.O.A. 11 D.O.I. 7/4/2020
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
ols body
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>GIA not in wksp.</u>

Date/Time, File Pass to? : Prell. Report
 : Final Report
 1) _____
 Date/Time, File Return to? _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech Invs (\$)
 : Weekend (\$)

Survey Fee: _____
 Transporta: _____
 S - RS. \$ _____
 Parts _____
 Others _____
 TOTAL _____

Report Format : _____
 Lump Sum / I.B.I: (\$ _____)