

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SLC6809L Yr Regn: 2016 MayType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda 5 Wagon c.c. 1998Colour: Black A/C: Insured / Std / NI / NASp. Reading: 55348 T/Radio: Insured / Std / NI / NAEng/No: PE10311962C/No: JM6CW1071G0123348Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/45 R17R: " "

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

TOYO / YOKO or

Goodyear

Front

Rear

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 31/05/2020 D.O.I. 01/06/2020Survey held at Rally Pitstop Sin Ming

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

Front N/S

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

Date / Time Action / Instruction

UOI SLJ 9396 D

Bryan confirmed LS \$3600 (Red 2565.04, 42%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 4/6/20-Typist

Days Of Repair: 4Resurvey No. of Trip: 2

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S+RS, SI

Photos

Others

TOTAL

220

60

80+80

62

502

Report Format: TPLump Sum / I.B.I. (\$ LS 3600)

176 Sin Ming Drive
#04-17 Sin Ming Autocare
Singapore 575721
Tel: 64516985
Email: tar6985@hotmail.com

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Signature: _____
9396D
Date: _____

Your Insured: S_LJ9396D

We are pleased to quote you the repair cost for the above-mentioned vehicle:

6001-
5001-
3001-
3001-

01/06/2020 e 1700m
 n/a Author
 1/Smr 4 days.
 Tyan
 2kk And