

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: *SML1466R*
 at Workshop m/s: *Automobile*
 of _____
 Insured: *SAA 8704A*
 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: *\$66k.*
 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 *LTA 30731*
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

N/S	O/S

Veh No: *SML1466R* Yr Regn: *5119*
 Type: *M. Car* / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or *CA*
 Make: *Honda Shuttle* c.c. *1496*
 Colour: *Grey* A/C: *Insured / Std / NI / NA*
 Sp. Reading: *27500* T/Radio: *Insured / Std / NI / NA*
 Eng/No: _____
 C/No: *GK 82 00 2237*
 Gen. Cond: *Good* / Fair / Poor / Burnt
 Steering: *In order* / Jammed / Leaked / Burnt or
 Brake: *In order* / Jammed / Leaked / Burnt or
 Modi: *Nil* / S/B / STD A/Rim or
 Tyre Size: F: *205/50 R16*
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO *(YOKO)* or
 Front *6* Rear *6*
 R/Bal. _____ mm R/Bal. _____ mm
 L/Bal. *6* L/Bal. *6*
 D.O.A. *20/6/20* D.O.I. *23/6/20*
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

24/06/20@9.42am Email Merina Chia, we are pending for estimate from repairer.
 02/07/20@11.48am revised to Merina Chia by email.
 02/07/20 Marcus confirmed with Ah Xiong LS \$8200, 7 days. (Red \$10165.08, 55%)

Date/Time, File Pass to? : Preli. Report

1) 02/07 Typist : Final Report

Date/Time, File Return to?

2)

Report Format : TP

Lump Sum ~~4.5k~~ (\$ 8200)

Days Of Repair: *7*

Resurvey No. of Trip: *2*

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

Survey Fee: _____
 Transportation: _____
) \$ + RS. SI _____
) Photos _____
) Others _____

TOTAL

8x15=120
120+170
50
50+50
136
576