

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. 2100284065

Claims No. 8044180768SG

Sum Insured: _____ Excess: 800

(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: 4 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKE1226C Regn: 2011 / Dec
 Type: ☒ Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: And: A4 cc 1798

Colour: Black A/C: Insured / Std / Nil / NA

Sp Reading: 92208 T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: WAU2228K3CA085757

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orModi: Nil / ☒ Rrim / STD A/Rim or

Tyre Size: F: 225/50R17

R: 225/50R17

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

TOYO / YOKO or

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A.

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 24/06/20

Survey held at

Premium

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

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

Date / Time Action / Instruction

OD AIG.

25/06/20@10.10am revert to Victor via Merimen.

25/06/20@4.47pm Victor informed C/A via Merimen.

mv: 351C

PV: 28.6k

Nett: 6.4K

25/06/20@5.16pm Informed Terrence C/A & ex:\$800 by email.

21/08/20@12.13pm confirmed with Mr Boo final fig \$4421.44, 4 days (Red \$3996.56, 47%)

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 4

1)

☐ : Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Insp (\$)☐ : Material (\$)

Survey Fee:

Transportation:

____ \$ + RS ____ \$

Photos

Other:

TOTAL

Report Form: MER-OD

Total Fee: 4421.44