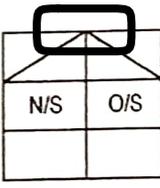


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s: **SZE KANG AUTO**
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: **SMG 5180P** Yr Regn: **30 Nov 2012**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **PORSCHE 911 CARRERA** c.c **3436**
 Colour: **Blue** A/C: **Insured / Std / NI / NA**
 Sp. Reading: **90627** T/Radio: **Insured / Std / NI / NA**
 Eng/No: _____
 C/No: **WPOZZZ99ZDS100956**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: **Nil** S/Rim / STD A/Rim or _____

(Policy Condition)
 Remark: **The veh had commenced its repair at the time of inspection.**



Tyre Size: F: **245/35ZR20**
 R: **245/35ZR20**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

<u>Front</u>	<u>Rear</u>
R/Bal. 5 mm	R/Bal. 5 mm
L/Bal. 5 mm	L/Bal. 5 mm
D.O.A. _____	D.O.I. 14-07-2020

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

Survey held at **W/S** **1pm**
 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
14/07	GIA give later
	Yes/No BI Involved - w/s will ask owner and get back

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

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

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Insp (\$ _____)
 : W/weekend (\$ _____)

Survey Fee:	_____
Transportation:	_____
3 + RS. SI	_____
Photos	_____
Other:	_____
TOTAL	_____

Report Filed: _____
 Long Copy / MP: _____