

ASSIGNMENT

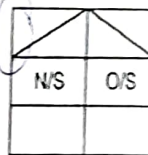
From _____ Date _____
 Estimated Cost _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No. _____
 at Workshop n/s Sheng hi tai
 of _____

Insured: _____
 Policy No. _____
 Claims No. S9M01HP6
 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 No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No. SGU2306 Regn: 07 May 20
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make Honda civic cc 1779
 Colour Silver A/C: Insured / Std / Nil / NA
 Sp Reading 462201 T/Radio: Insured / Std / Nil / NA

Eng/No. _____

C/No. FD11101620

Gen. Cond. Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16
 R: 11

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

TOYO / YOKO or

Front _____ Rear _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. _____ D.O.I. 2201-21

Survey held at W/S 2pm

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

The N/S Frt UIC / Chassis frame / Body Structure affected due to collision.

Date / Time _____ Action / Instruction _____

Date/Time. File Pass to?

☐ : Preli. Report

1) 04/02 Typist

☐ : Final Report

Date/Time. File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp. (\$

☐ : Other (\$

Survey Fee:

Transportation:

3 + PS SI

Parking

Other:

SMART CLAIMS-TR
 Lump Sum \$1400