

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: 3 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: JSL 6612 Yr Regn: 2017 NovType: M.Car / M.Cycle Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Yamaha Y15ZR c.c. 150Colour Blue / Silver A/C: Insured / Std / NI / NASp. Reading 52448 T/Radio: Insured / Std / NI / NAEng/No: G3D3E - 117090C/No: PMYUG0510H0 117070Gen. Cond: Good / Fair / Poor / BurntSteering: Good / Jammed / Leaked / Burnt orBrake: Good / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 80/80 R17R: 120/70 R17.

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

TOYO / YOKO or

Maxxis

Front

Rear

R/Bal. 2 mm R/Bal. 2 mm

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. 06/08/2020 D.O.I. 12/08/2020Survey held at SG 98 MTR AMK

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

Rear 4 H/S Pothole

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

Date / Time Action / Instruction

Longac SLX 813CCheck for any drink driving.

Date/Time, File Pass to?

☐
☐

: Prel. Report

: Final Report

1)

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / I.B.I: (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐
☐
☐
☐

: Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL