

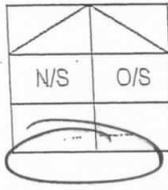
**ASSIGNMENT**

COB June 2021

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: \_\_\_\_\_

Veh No: YM 3777H Yr Regn: June 2006  
 Type: M.Car / M.Cycle / Bus / Van / (Lorry) / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Mitsubishi FK617 c.c. 7545  
 Colour: White A/C: Insured / Std / NI / NA  
 Sp. Reading: 239804 T/Radio: Insured / Std / NI / NA  
 Eng/No: 6D16986833  
 C/No: FK617MB10198  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: (N) / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 8.25 R16  
 R: 8.25 R16 (double)  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Lionstone  
 Front R/Bal. 5 mm Rear R/Bal. 5/5 mm  
 L/Bal. 5 mm L/Bal. 5/5 mm  
 D.O.A. 11/08/2020 D.O.A. 14/08/2020  
 Survey held at Teamwork Paya Ubi  
 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.

(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: 6 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

Date / Time	Action / Instruction
	<u>AIG SLW 7827Y</u>
	<u>MV 10.5K Cusing average dep of 8K/yr.)</u>
	<u>LTA 3.8K</u>
	<u>HL 6.7K</u>
<u>25/08/2020</u>	<u>Invoice 2/S 4400/- with 6 days of repair</u>

Date/Time, File Pass to?  : Prel. Report  
 : Final Report  
 Date/Time, File Return to? \_\_\_\_\_  
 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 \_\_\_\_\_