

ASS. REC. BY:

REF:

A/G / 20008800/K

Kenneth

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:

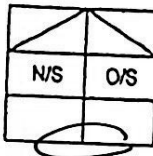
Excess:

(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:

03

days

Res.: Yes or No

Lum Sum:

1.3.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SGX 9293C Yr Regn: 05, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Mer C180

c.c.

1595

Colour

M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading

30071

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDD 2050 402R 276991

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD / V/Rlm or

Tyre Size:

F:

R:

225/50R17

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

5

mm

L/Bal.

4

mm

L/Bal.

5

mm

D.O.A.

13/7/20

D.O.I.

24/8/2020

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

S - RS. SI

Fees

Others

TOTAL

Report Format :

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