

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD ☒ TP ☐ WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s: DETAIL LAB  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Claims No: MT/1107715-002  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
 repair at the time of inspection.

|                                     |                          |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| N/S                                 | O/S                      |

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 NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SLB 5956G Yr Regn: 14 Apr/2016  
 Type: ☒ M.Car ☐ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_

Make: HONDA CITY 1.5 c.c. 1497Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 37736 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MRHGM6660GP000567 \*Gen. Cond: ☒ Good ☐ Fair / Poor / BurntSteering: ☒ Inorder ☐ Jammed / Leaked / Burnt orBrake: ☒ Inorder ☐ Jammed / Leaked / Burnt orModi: Nil ☒ S/Rim ☐ STD A/Rim orTyre Size: F: 185/55R16R: 185/55R16

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

TOYO ☒ YOKO or \_\_\_\_\_

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. \_\_\_\_\_

D.O.I. 28-10-2020Survey held at W/S 11:30Des. 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

Guo Qiang confirmed LS \$1850, 4 days (Red \$6332.40, 77%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 08/03 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Report Filed:

TP

Long Sum 1850Days Of Repair: 4Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Insp (\$ \_\_\_\_\_)☐ : A/S&L (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\_\_\_\_ \$ + RS. \_\_\_\_ SI

Photos

Other:

TOTAL