ASS. REC. BY: Steve | REF: CS3/FC12012397/E+f3

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.

N/S	O/S
XX	X

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBD 6851 U Yr Regn: 15/3/15

Type: M.Car / M.Cycle / Bus / (Van) / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Toyota Hiace c.c 2982

Colour White A/C: Insured / Std / Nil / N

Sp.Reading 231340 T/Radio: Insured / Std / Nil / N

Eng/No:

C/No: KDH2010149151.

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD (A)Rim or

Tyre Size: F: 195R15C

R: "

(BS) / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

	Front			Rear	
R/Bal.	4	mm	R/Bal.	4	mm
L/Bal.	4	mm	L/Bal.	4	mm

D.O.A. 9/11/20 D.O.I. 12/11/20

Survey held at Mun Hoong Motor

Des. 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
	MV - 41K Pending estimate
	~~LUMP SUM $3350, 5DAYS~~
	~~RED: 7215.28;68%~~

5

Date/Time, File Pass to? [ ] : Prell. Report

[ ] : Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Survey Fee:

Transportation: __S + RS.__SI

Photos

Others

TOTAL

Rep[redacted]Format :

Lump Sum / I.E.I: ( )