

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

N/S	O/S

Veh No: SLE91736 yr Regr: 2016 August
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Sienta c.c. 1496
 Colour: Yellow A/C: Insured / Std / NI / NA
 Sp. Reading: 92243 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: NSP1707038010
 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: 185/60R15
 R: 185/60R15
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Firestone
 Front Rear
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 06/11/20
 Survey held at 1
 Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Independent</u>
	19/11/2020 ADRIAN INFORMED THIS CASE NO GIA REPORT SUBMIT P/P \$6,450.87/4 DAYS (\$6,470.63 RED - 50%)
	MV :
	PV :
	Nett: NEW HOCK TECK WILL COLLECT THE PAYMENT WITH OWNER OWNER NAME - Autobahn Rent A Car Pte Ltd (201607970Z) OWNER ADDRESS - 6001 Beach Road, Goldenmile Tower #08-06 S199589

Date/Time: File Pass to? 25/11/2020 : Preli. Report
 : Final Report
 1) TYPIST
 Date/Time: File Return to? _____
 2) _____
 Report Format: **INDEPENDENT**
 Insp. Fee: **P/P \$6,450.87**

Days Of Repair: **4**
 Resurvey No. of Trip: **2**

Artd Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Insp (\$)
 : Mark up (\$)

Survey Fees:
 Transportation: _____
 3 - PS. _____
 Flares: _____
 Other: _____
 P.P.H. _____