CC4/LPC20012665/ba3

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

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

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SLN 7061P Yr Regn: 2018, Feb.

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

Make: Opel Astra c.c 999

Colour ~~Gold~~ Bronze A/C: Insured / Std / NI / NA

Sp.Reading 53237 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WOLBE6EA4HG079480

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: 225/45R17.

R: ~~C6~~ 225/45R17

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	19/11/20

Survey held at Xin Hua

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
	TP LonPac
	MV :
	PV :
	Nett :

Date/Time. File Pass to?

1)

Date/Time. File Return to?

2)

Report Format :

Insp. Sum / Upd. :

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add'l Fee: ☐ : Site Insp ($

☐ : Interview ($

☐ : Tech. Insp. ($

☐ : Meeting ($

Survey Fee:

Transportation:

$ + PS $

Photos

Other

Total