Assigned By: Gel PRS

INC

t

ASSIGNMENT

Veh No: SLE 1092J 1st Regn: 08 Jul 2016

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

Make: Mit Attrage 1.2cc 1193

Colour: Maroon A/C: Insured / Std / NI / NA

Sp.Reading: 243560 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MMBSTA 13AHH 000411

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/55 R15

R: 4

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.		D.O.I.	06-01-21

Survey held at: W/S 5:50pm

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or O/S RA

The U/C / Chassis frame / Body Structure affected due to collision.

Date:

Estimated Cost:

C / TP / WS / TP RES / OD RES / EVA / INV / MV

Inspect Vehicle No:

Workshop m/s: Garage B

Insured:

Policy No.:

Claims No.:

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

Val. or Market Value:

DAC Accident Rport: Consistent? : Yes or No

SIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Sum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS Vehicle: IN / OUT

Date: Person Contacted:

Date / Time	Action / Instruction
	~~$1000~~ $2000 - $3000

Date/Time: File Pass to:

Date/Time: File Return to:

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp. (S$

☐ Interview (S$

Survey Fee:

Transportation

Total