

ASSIGNMENT

Estimated Cost:
☒ TP / WS / TP RES / OD RES / EVA / INV / MV

Inspect Vehicle No:

Workshop n/s

Insured: GBJ2171A

Policy No: 2070016215

Claims No: 7728323151SG

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

Actual or Market Value:

JAC: Accident Report

Consistent?: Yes or No

JIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

days

Res: Yes or No

Sum Sum:

20 %

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date

Person Contacted

Vehicle: IN / OUT

Vehicle: GBJF814Z
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make

Colour

Sp Reading

Eng/No.

C/No:

Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nij / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

No Body Injured.

Confirmed COR \$2200 before GST @ 4 days

RED: 9024.7 01%

RED: 8545.3;79%

Date/Time, File Pass in:

☐

Preli. Report

1)

Date/Time, File Return in:

☒

Final Report

Days Of Repair:

4

Resurvey No. of Trip:

2

Add Fee:

☐

Site Insp: \$

☐

Interview: \$

☐

Photograph: \$

☐

Other: \$

Survey Fee:

Transportation

Fuel & Expenses

Other

Total

tp

2200