

ASS. REC. BY:

Steve

REF:

ATG

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. 2070106224

Claims No. 8521441467SG

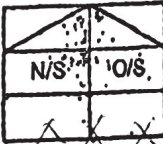
Sum Insured: Excess: S\$3,000.00

(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 Report: Consistent? : Yes or No

SIA / 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:

SMT 7211C

Yr Regn:

15/7/20

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

Truck / Trailer or

Make:

Mitsubishi Attrage

c.c.

1193

Colour:

Red

A/C: Insured / Std / NI / N

Sp. Reading

4864

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

MMRSTA BAKH00-3375

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/55R15

R:

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

Front

R/Bal.

5

mm

Rear

R/Bal.

5

mm

U/Bal.

5

mm

U/Bal.

5

mm

D.O.A.

7/2/21

D.O.I.

8/2/21

Survey held at

cycle & carriage

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

MV- 66K

Confirm final figure at 7299.78. 7days before get and excess.

RED:3727.05:33%

File/Time, File, Pass to?



: Prel. Report



: Final Report

File/Time, File Return to?

Days Of Repair: 7

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Work Order:

OD

Work Order / P.R. / 7299.78