ASS. REC. BY: Steve | REF: A/G

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.

N/S O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

SIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Sum 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 / Texi / 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: MMBSTA3AKH00-3315

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: 185/55R15

R: "

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

Front		Rear	
R/Bal.	S mm	R/Bal.	S mr
U/Bal.	S mm	U/Bal.	S mr
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 / U/C / Rooftop or

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

Date / Time	Action / Instruction
	MV- 66K
	Confirm final figure at 7299.78. 7days before gst and excess.
	RED:3727.05:33%

Date/Time, File,Pass to?

☐ : Prell. Report

☑ : Final Report

Date/Time, File Return to?

Days Of Repair: 7

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

☐ : Weekend ($)

Survey Fee:

Transportation: $ + RS $

Photos

Others

TOTAL

Recommend : OD

Max Sum / L.P.I: 7299.78