

A.S.S. REC. BY:

REF:

CS/AIG21002006/Etf3

ASSIGNMENT

From:

Date:

Estimated Cost:

☒ OD / ☐ TP / ☐ WS / ☐ TP RES / ☐ OD RES / ☐ EVA / ☐ INV / ☐ MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No. 1900003272

Claims No. 7870647580SG

Sum Insured: Excess: 300

(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 Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

ESL Repairs: days Res.: Yes or No

Cum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

Yr Regn:

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

Tyre Size:

F:

R:

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

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

MIV - 71,000

PV - 36,091

NV - 34,999

Confirm final figure at \$30541.20, 20days before gst and excess

red: 8,626.8; 22%

File/Time, File, Pass to?

☐ : Prel. Report☒ : Final Report

File/Time, File Return to?

Days Of Repair: 20

Resurvey No. of Trip: 3

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Inve (\$

☐

Work and (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

performed:

OD

Total Sum / UIC: \$30541.20