

ASS. REC. BY: hrl

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.

Claims No.

SNM21D201223/C02

Sum 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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2

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:

PC 28065

Yr Regn: 01/09/2015

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

Truck / Trailer or

Make:

Toyota

HIACE

C.C. 2982

Colour

white

A/C: Insured / Std / NI / NA

Sp. Reading

354093

T/Radio: Insured / Std / NI / NA

Eng/No:

KDH 22300 25069

C/No:

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:

195 R15

R:

11

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

TOYO / YOKO or

Triangle

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

30-03-21

Survey held at

w/s

3:30pm

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

QA & Estimate Give later

08/03/22 @ 4.36pm revised to Jenny Lew via Merimen.

Guo Qing finalised LS \$2000, 2 days. (Red \$6075.50, 75%)

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS. SI

Photos

Other:

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Assessment (\$

Report Formed:

Lump Sum / Hourly