ASS. Rec. By: Tanjoli   Ref: CS3/ASM 21005040/TiTC.

ASSIGNMENT

CoE 2027 Oct.

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. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: $78K.

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days   Res.: Yes or No

Lum Sum: _____ %   3 Val.: Yes or No

WP PRS

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMH 3353R.   Yr Regn. 2007 Oct.

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

Make: Honda Civic Type R o.c 1998

Colour: Blue   A/C: Insured / Std / NI / NA

Sp.Reading: 335601   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FD21400116.

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: 225/45R17
R:

	N/S	O/S

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6.	mm	L/Bal.	6	mm
D.O.A.			D.O.I.	22/4/21	

Survey held at: Garage 13.

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

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

Date / Time	Action / Instruction
	Repair Range $3000 - $4000, 5 days

Date/Time, File Pass to?   ☐ : Preli. Report

1) _____   ☐ : Final Report

Date/Time, File Return to?

2) _____

Prepot Format:

Lump Sum / LBStra

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:
☐ : Site Insp ($ _____)
☐ : Interview ($ _____)
☐ : Tech. Insp ($ _____)
☐ : Wheel align ($ _____)

Survey Fee: _____
Transportation: _____
S + RS ___ SI
Photos _____
Other _____