

ASS. REC. BY:

REF:

ASM/ 210063301K4

Kenneth

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.

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:

\$34K

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

08/11

Person Contacted:

Vehicle: IN / OUT

Veh No:

SGX 3725

Yr Regn:

08.0.7

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

Truck / Trailer or

Make:

Honda Airwave

c.c

1496

Colour

Maroon

A/C:

Insured / Std / NI / NA

Sp. Reading

389179

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

GTJ

172681

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/45R15

R:

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

TOYO/YOKO or

Fire 139

Front

R/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

7/6/21

Rear

R/Bal.

8

mm

L/Bal.

8

mm

D.O.I.

10/6/2021

Survey held at

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

N/S Rear

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

Date / Time

Action / Instruction

finalise lump sum \$1600, 3days

red: 1124.24, 41%

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS. SI

Firm's

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$