

ASSIGNMENT

From:

Date:

Veh No:

SMU 69997

Yr Regn:

11/2/09

Estimated Cost:

Type: *M* Car / *M* Cycle / *B*us / *V*an / *L*orry / *T*axi / *P*rime Mover /OD / *TP* / *WS* / *TP* RES / *OD* RES / *EVA* / *INV* / *MV*

Truck / Trailer or

CA

To Inspect Vehicle No:

SMU 6999

Make:

*Toyota Camry*C.C. *2362*

at Workshop m/s

A.M

Colour

Grey

N.C. Insured / Std / NI / NA

of

Sp. Reading

102933

T/Radio: Insured / Std / NI / NA

Insured:

GBC 3300A

Eng/No:

Policy No.

C/No:

MROS3BK 400703125

Claims No.

Gen. Cond: *Good* / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: *In order* / Jammed / Leaked / Burnt or

(Client's Record)

Brake: *In order* / Jammed / Leaked / Burnt or

Make of Veh:

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

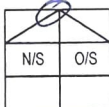
Tyre Size:

F: 225/45 ZR18

R:

(Policy Condition)

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



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

TOYO / YOKO or

westlake

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

20/6/24

D.O.I.

23/6/24

Survey held at

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

C 7834

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

Date / Time

Action / Instruction

*Call out 10-2-2024 LTA 8463**NOT 812537**11/3/24 4/5 @ 8000 confirmed w/ kelvin*

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

1)

Date/Time, File Return to?

2)

Add Fee:

☐ : Site Insp (\$

) ___ S + RS ___ SI

☐ : Interview (\$

) Photos

☐ : Tech. Invs (\$

) Others

☐ : Weekend (\$

)

Report Format :

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

TOTAL