ASS. REC. BY: NA2 | REF: A/C

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.

N/S	O/S
LMS	RMS

Bal. or Market Value: 204K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 4 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: SMY 12E Yr Regn: 20 JAN 2021

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

Make: MINI JOHN COOPER C.C 1,998

Colour GREY A/C: (Insured) / Std / NI / N

Sp.Reading 12,311 T/Radio: (Insured) / Std / NI / N

Eng/No: _____

C/No: WMWXX920002N19210

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: 225/40 R18

R: 225/35/R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or DUNLOP(R), HANKOOK (F)

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mr
L/Bal.	4 mm	L/Bal.	4 mr
D.O.A.	21/6/2021	D.O.I.	25/6/2021

Survey held at AP AUTO

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

(FRONT) (OFFSIDE) (NEARSIDE) (UNDERCARRIAGE)

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

A/C. P/P

Date / Time	Action / Instruction
	COE Rebate $90,163.00
	Repair Limit : $110K

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	
Others	
TOTAL	