

ASS. REC. BY:

NAZ

REF.

EA

Denise L/S

CS3/EQI21009562/Ntf3 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	RFS

Bal. or Market Value: 39K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SDD 5843D Yr Regn: 4 JUL 2000Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA COROLLA 1.3M CC 1332Colour: SILVER A/C: Insured / Std / NI /Sp. Reading: 274,090 T/Radio: Insured / Std / NI /

Eng/No: _____

C/No: EE111-5068050Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: NII / S Rim / STD / A Rim orTyre Size: F: 195/50 R15R: 11

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

TOYO / YOKO or FALKEN

Front

Rear

R/Bal. 5 mmR/Bal. 5L/Bal. 5 mmL/Bal. 5D.O.A. 10/9/2021D.O.A. 16/9/2021Survey held at YN SENG HONGDes. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

FRONT

OFFSIDE

NEARSIDE

The U/C / Chassis frame / Body Structure affected due to collis:

EA L/S

Date / Time

Action / Instruction

COE Rebate: F24,015.00

Repair Limit: \$13K

SUBMIT PRS REPORT

REPAIR RANGE \$3K TO \$4K, 4 REPAIR DAYS

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

____ \$ + RS ____ \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Report Format : _____

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