

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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4 days Res.: Yes or No

Lum Sum:

20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

970 i

Vehicle: IN / OUT

Date:

Person Contacted:

LTA & 7518

Date / Time

Action / Instruction

have h/a

SI involved current. 31-5-2024
3rd 2yr frmr. NOTY \$10482

27/9/24 1/5 & 5500 confirmed with Alan.

Veh No:

SJS 61K5H Yr Regn: 26/8/09

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

Truck / Trailer or

A /

Make:

Proton Exora

c.c 1597

Colour

S. he

A/C: Insured / Std / NI / NA

Sp. Reading

186898

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

PL1F26YRRAF009967

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

offbeat

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or Maxxis

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

Survey held at

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

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

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

) S + RS SI

) Photos

) Others

)

Report Format :

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

TOTAL