

ASS. REC. BY:

Steve

REPT

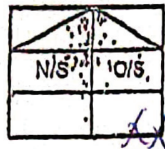
CTI

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
DD/TP/WB/TP RES/OD-RES/EVA/INV/MV
 To inspect Vehicle No: _____
 at Workshop m/a _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vehl: _____

(Policy Condition)

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



Val. or Market Value: _____
 IDAC Accident Report _____ Consistent? : Yes or No
 CIA / PR Sent _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Cum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHC 47340 Yr Regn: 20/11/15
 Type: M/Car / M/Cycle / Bus / Van / Lorry (Taxi) / Prime Mover /
 Truck / Trailer or
 Make: Toyota C.B. 1.797
 Colour: Maroon A/C: Insured / Std / NI / N
 Sp. Reading: 924577 T/Radio: Insured / Std / NI / N
 Eng/No: _____
 C/No: ITD KN 36005 167148
 Gen. Cond: Good / Fair / Poor / Bunt
 Steering: In order / Jammed / Locked / Burnt or
 Brake: In order / Jammed / Locked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Sailun
 Front _____ Rear _____
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 22/9/21 D.O.I. 23/9/21
 Survey held at SMRT
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof top or
O/S REAR
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction

TAX 109/21/2047

Time/Date, File, Pass to? ☐ : Prel. Report
☐ : Final Report

Days Of Repair: _____
 Resurvey No. of Trips: _____

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Inve (\$)
☐ : Wheel and (\$)

Survey Fee:	
Transportation	
S + R.S. \$1	
Photos	
Others	
TOTAL	

Signature of Surveyor: _____
 Date: _____