

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: _____

Veh No: SJQ 1376J Yr Regn: 25 APR 2009
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: HONDA CITY 1.5L C.C. 1,497
 Colour: GREY A/C: Insured / Std / Ni
 Sp. Reading: 149,611 T/Radio: Insured / Std / Ni
 Eng/No: _____
 C/No: MRHGM26509P020147
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD / Rim or _____
 Tyre Size: F: 195/55 R15
 R: 11

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
LMS	RMS

Bal. or Market Value: PK X X
 IDAC Accident Rport: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FALKEN
 Front Rear
 R/Bal. 6 mm R/Bal. 9
 L/Bal. 6 mm L/Bal. 9
 D.O.A. 22/9/2021 D.O.I. 24/9/2021
 Survey held at NSI
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
FRONT OFFSIDE REARSIDE

The UIC / Chassis frame / Body Structure affected due to collision 45

Date / Time	Action / Instruction
	<u>CoE Rebate : \$6,732.00</u>
	<u>Repair Limit : \$10K</u>

Date/Time, File Pass to? : Prell. Report Days Of Repair: _____
 : Final Report Resurvey No. of Trip: _____
 1) _____ Date/Time, File Return to? _____
 2) _____
 Report Format : _____
 Lump Sum / I.B.I: (\$ _____)
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)
 Survey Fee: _____
 Transportation: _____
 S + RS, SI _____
 Photos _____
 Others _____
 TOTAL _____