

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.

<input type="checkbox"/>	<input type="checkbox"/>
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: 5 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

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. 1,499
 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: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD / Rim or _____
 Tyre Size: F: 195/55 R15
 R: 11
 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 / WHEELHUBS / UIC / Rooftop or
FRONT OFFSIDE NEARSIDE

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

Date / Time	Action / Instruction
	<u>COE Rebate: \$6,732.00</u>
	<u>Repair Limit: \$10K</u>
<u>31/08/22 @ 12.10pm</u>	<u>confirmed with Mr Yeo LS \$3650, 5 days. (Red \$3609.88, 50%)</u>

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: 5

1) 31/08 Typist

: Final Report

Resurvey No. of Trip: 2

Date/Time, File Return to?

2) _____

Add Fee: : Site Insp (\$ _____) S + RS SI

: Interview (\$ _____) Photos

: Tech. Invs (\$ _____) Others

: Weekend (\$ _____) TOTAL

Report Format: MER-TP

Lump Sum ~~H.B.~~ (\$ 3650)

Survey Fee:	_____
Transportation:	_____
S + RS	_____
SI	_____
Photos	_____
Others	_____
TOTAL	_____