

ASS. REC. BY:

REF:

CS/UOI21010912/Aqf3

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. **M11D13992111**

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 Rport: _____ Consistent? : Yes or No

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

Est. Repairs: **4** 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: **S2Q2177D** Yr Regn: **2017, June**

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

Truck / Trailer or

Make: **Mazda 6** c.c. **1998**

Colour: **Grey** A/C: Insured / Std / NI / NA

Sp. Reading: **80461** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JM6G1071H0118464**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt or

Brake: **Inorder** / Jammed / Leaked / Burnt or

Modif: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **225/55R17**

R: **225/55R17**

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mm

L/Bal. **06** mm L/Bal. **06** mm

D.O.A. _____ D.O.I. **26/10/21**

Survey held at **Xin Hua**

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

Front o/s

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

Date / Time	Action / Instruction
	TP UOI.
	LS \$4800, 4 days. (Red \$7981.68, 62%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to? : Preli. Report

1) **30/03** Typist : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: **4**

Resurvey No. of Trip: **2**

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invt (\$)

: Weekend (\$)

Survey Fee:

Transportation:

S + PS: \$

Photos

Other

2x25=50

250+50

60

80+80

48

568

Report Format: **TP**

Amount Paid / Less: **4800**