

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP ☒ N/S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s VIN'S MOTOR

of _____

Insured: _____

Policy No. _____

Claims No. C10012513/EE

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: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SNA8145S Yr Regn: 15 Jul 2021

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

Truck / Trailer or _____

Make: HONDA / FIT 1.3 c.c. 1317

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 8192 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GR11033416

Gen. Cond ☒ Good ☐ Fair / Poor / BurntSteering: ☒ Inorder ☐ Jammed / Leaked / Burnt orBrake: ☒ Inorder ☐ Jammed / Leaked / Burnt orModi: Nil / S/Rim / ☒ STD A/Rim or

Tyre Size: F: 185/60R15

R: 185/60R15

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. _____ D.O.I. 17-11-2021

Survey held at W/S 5PM

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 Action / Instruction

Guo Qiang finalised final fig \$2381.44, 3 repair days. (Red \$538.24, 18%)

Date/Time, File Pass to?

1) 17/03 Typist

Date/Time, File Return to?

2) _____

Report Filed: TP

Long Qiao / MPB

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp (\$ _____)☐ Interview (\$ _____)☐ Tech. Insp (\$ _____)☐ W/Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. SI

Photos

Other:

TOTAL