

ASS. REC. BY:

Tang JH

REF:

033 / 07/21/01/802 / Ting 3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / CD / 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.

N/S	O/S

Bal. or Market Value: \$150K

IDAC Accident Rpt: _____ 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

Veh No: SLT 3389L Yr Regn: 2019 Sep

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

Truck / Trailer or

Maké: Mercedes Benz CLA200 c.c. 1332

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

Sp. Reading: 39876 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD1838720018991

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / SRIm / STD A/RIm or

Tyre Size: F: 225/45R17

R: 17

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 22/11/21/01/050

Survey held at Garage 13

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

Repair Range \$2000 - \$3000, 03 days

Date/Time, File Pass to?

☐ : Prelim. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Format:

Lump Sum / L.B.A. (?)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL