

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: *SMD4240Y*at Workshop m/s *precise*

of _____

Insured: *X0224/C*

Policy No. _____

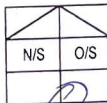
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: *\$60k.*

IDAC Accident Rpt: _____

GIA / PR Seen: _____

Est. Repairs: *4* daysLum Sum: *1.3.1* %

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: *LYA830812*

Vehicle: IN / OUT

Date / Time

Action / Instruction

Dep 8:50
No Estimate PPS
Survey @ 10:45am.

7/12/11 Repair range \$3500-\$4500

Veh No: *SMD4240Y*Type: *M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /*Truck / Trailer or *CA /*Make: *Hyundai*Colour: *Blue*Sp. Reading: *65624*

Eng/No: _____

C/No: *KMHD841CMJU703186*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 A/Rim or*Tyre Size: *F: 195/65R15*

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM / I

TOYO / YOKO or *Nexen*

Front

R/Bal. *7* mmL/Bal. *7* mmD.O.A. *26/11/11*

Survey held at _____

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

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

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐

: Preli. Report

☐

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

) ___ \$ + RS ___ \$

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$))