

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s AP AUTO

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess: \$500

(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: \$55k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 14 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / ☒ REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMA4094T Yr Regn: 07 Jun/2018

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

Truck / Trailer or

Make: HYUNDAI / ACCENT c.c. 1368

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

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

Eng/No:

C/No: KMHCU41BTJU430257 *

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: 185/65R14

R: 185/65R14

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

TOYO / YOKO or FIRENZA

Front

Rear

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

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

D.O.A. D.O.I. 02-12-2021

Survey held at W/S 3:30PM

Des. of Damages ☒ Frt ☐ Rear / O/S / N/S / U/C / Rooftop orThe ☒ U/C / ☒ Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : A/Weekend (\$

S + RS. SI

Photos

Other:

TOTAL

Report Filed:

Long Cond / MPB: