

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD TP / S / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s SMRT
 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: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHC4745Y Yr Regn: 08 Jan/2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA / PRIUS c.c 1798
 Colour: Maroon A/C: Insured / Std / NI / NA
 Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKN36U205766756 *
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65R15
 R: 195/65R15
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or ATREZZO

| | |
|--------------------|--------------------------|
| <u>Front</u> | <u>Rear</u> |
| R/Bal. <u>6</u> mm | R/Bal. <u>6</u> mm |
| L/Bal. <u>6</u> mm | L/Bal. <u>6</u> mm |
| D.O.A. _____ | D.O.I. <u>10-12-2021</u> |

 Survey held at W/S 12:30PM
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
REAR O/S
 The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-------------|----------------------|
| | Yes/No BI Involved |
| | |
| | |
| | |
| | |

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

Days Of Repair: _____

Resurvey No. of Trip: _____

1) Date/Time, File Return to?

2) _____

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

| | |
|-----------------|--|
| Survey Fee: | |
| Transportation: | |
| 3 + RS. SI | |
| Photos | |
| Other: | |
| TOTAL | |

Report Filed: _____
 Long Copy / MP: _____