

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. _____

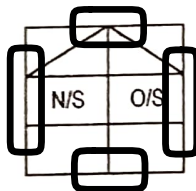
Claims No. _____

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: \$160k

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 22 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: SKL 212L Yr Regn: 04 Mar/2010

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

Truck / Trailer or _____

Make: PORSCHE BOXSTER 2.9L c.c 2893

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

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

Eng/No: _____

C/No: WP0ZZZ98ZAS700464 *

Gen. Cond: Good ☒ Fair ☐ Poor / BurntSteering: Inorder ☒ Jammed ☐ Leaked / Burnt orBrake: Inorder ☒ Jammed ☐ Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 235/50R17

R: 235/50R17

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. 23-12-2021

Survey held at _____ W/S 2PM

Des. of Damages: ☒ Frt ☒ Rea ☒ O/S ☒ N/S ☒ U/C / Rooftop or

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

Date / Time Action / Instruction

Lump sum \$111,900.00 and 22 days
(red,\$77706.95,41%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 07/07/22

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 22

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

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

S + RS. SI

Photos

Other:

TOTAL

Report Filed:

Lump Sum / HRS 111,900.00