

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / VS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s VIN'S MOTOR

of

Insured:

Policy No:

Claims No:

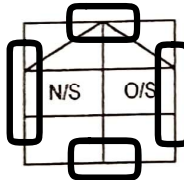
Sum Insured: Excess:

(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 orModi: Nil / S/Rim / ☒ S/D 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

27/09/22 Guo Qiang confirmed lump sum: \$106,000.00 and 22 days

(red, 83606.95, 44%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 13/10/22

☐

: Final Report

Date/Time, File Return to?

2)

Report Filed:

Lump Sum / L.P.R. 106k

Days Of Repair: 22

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : Wheel end (\$

Survey Fee:

Transportation:

3 + RS. SI

Photos

Other:

TOTAL