

CS/CTI21013359/Gty3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP N/S TP RES OD RES EVA INV MV
 To Inspect Vehicle No: _____
 at Workshop m/s WEI LONG
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: CARPARK BARRIER Yr Regn: - /
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: - C.C. -
 Colour: - A/C: Insured / Std / NI / NA
 Sp. Reading: - T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: -
 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: - R: -
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

<u>Front</u>	<u>Rear</u>
R/Bal. _____ mm	R/Bal. _____ mm
L/Bal. _____ mm	L/Bal. _____ mm
D.O.A. _____	D.O.I. <u>30-12-2021</u>

 Survey held at SIM LIM SQUARE 10AM
 Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
SUBMIT FAIR AND REASONABLE	
PART BY PART \$1100	
RED: 0%	

Date/Time, File Pass to? : Preli. Report : Final Report
 Days Of Repair: 1
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$ _____) : Interview (\$ _____) : Tech. Invs (\$ _____) : Wash end (\$ _____)
 Survey Fee: _____
 Transportation: _____
 Photos: _____
 Other: _____
 TOTAL: _____