(08/11/13) wef
ASS. REC. BY: Marcus

REF: CC4/ASM22001068/Ups3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: GZ 6567

at Workshop m/s Ft.

of

Insured: SKV 218T

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.** $25/k.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : **Yes** or **No**

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

Est. Repairs: 4 days Res.: **Yes** or **No**

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

C $49/k

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: Person Contacted: Dep 6k.

Veh No: GZ6567 Yr Regn: 25/7/06

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer** or CA/

Make: Renault Kangoo c.c 1598

Colour Silver A/C: **Insured / Std / NI / NA**

Sp.Reading 160854 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: VF1FC05AA*34900504

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt** or affected

Brake: **Inorder / Jammed / Leaked / Burnt** or

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

Tyre Size: **F:** 175/65R14

R:

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.	30/1/22	D.O.I.	4/2/22

Survey held at

Des. of Damages : **Frt / Rear / O/S / N/S / U/C / Rooftop** or N/S frt. &

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

Date / Time	Action / Instruction
	Cor until 30-6-2026 LTA $17764
	Note $7236 CNY 1-2-22
	have G.A
24/2/22	L/S $7200 informed Alen.

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 ($) ___S + RS, ___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

Lump Sum / I.B.I: ($)