

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP ☒ / N/S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s XIN YUN AUTO

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: \$131k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMF8601C Yr Regn: 27 Nov 2018

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

Truck / Trailer or _____

Make: SKODA / OCTAVIA RS 2.0 c.c 1984

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

Sp. Reading: 73022 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: TMBBU7NE8K0036189 *

Gen. Cond ☒ Good ☐ Fair / Poor / BurntSteering: ☒ Inorder ☐ Jammed / Leaked / Burnt orBrake: ☒ Inorder ☐ Jammed / Leaked / Burnt orModi: Nil ☒ S/Rim ☐ STD A/Rim or

Tyre Size: F: 235/35ZR19

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. _____ D.O.I. 16-03-2022

Survey held at _____ W/S 2:30pm

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

N/S FRONT

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Report Filed at _____

Long Cond / MPB /

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Other: _____

TOTAL