

# ASSIGNMENT

From:

Date:

Estimated Cost:

☒ QD / ☐ P / ☐ WS / ☐ TP RES / ☐ OD RES / ☐ EVA / ☐ INV / ☐ MV

To Inspect Vehicle No:

at Workshop m/s Modern Auto

of

Insured:

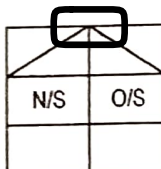
Policy No.

Claims No.

Sum Insured: Excess: no excess  
(Client's Record) applicable  
under Section I

Make of Veh:

(Policy Condition)

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


Bal. or Market Value: \$70k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

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

CA / ☒ REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMR4422R

Yr Regn: 17 Feb/2017

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

Truck / Trailer or

Make: TOYOTA WISH 1.8X c.c 1797

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

Sp. Reading: 109703 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZGE206032763

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: 225/45ZR17

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. 04-04-2022

Survey held at W/S 5PM

Des. of Damages ☒ Frt ☐ Rear / ☐ 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: \$6450 and 5 days  
(red, 11309.48, 64%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 27/09/22

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

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

3 + RS. SI

Photos

Other:

TOTAL

Report Filed:

Lump Sum / MPB: 6450