

ASS. REC. BY:

REP:

CS/SMR22003526/Aty3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

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: _____

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: SGX8363R Yr Regn: 2021, AugustType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Shuttle c.c. 1496Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 17916 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK82201407Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 185/60R15R: 185/60R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO YOKO or

Front

Rear

R/Bal. 26 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 10/05/22Survey held at MCSDes. 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

TP SMRT.

lump sum \$1800, 3days

MV : red: 6183;77%

PV :

Nett:

4151

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair: 3

1)

☐

Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

Report Format:

1. Report Form / 2. P. 1. 2.