

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: G3E8426C
 at Workshop m/s: R1.
 of _____
 Insured: SMW 1980p
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: G3E8426C Yr Regn: 12/04/16
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or (M)
 Make: KIA K2000 c.c. 2497
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading: 210780 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KNCSJX76LG7037507
 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: 195-R15
 R: 155-R12

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: \$35k.
 IDAC Accident Rpt: _____ 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
 CA / REV / REP. / 24 HRS 3 045e
 Date: _____ Person Contacted: LTA 15079
 Vehicle: IN / OUT

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Keapsen
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6/6 mm
 L/Bal. 6 mm L/Bal. 6/6 mm
 D.O.A. 27/04/22 D.O.I. 28/4/22
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Dep 9k.</u>
	<u>rev. the camera</u>
<u>6/5/22</u>	<u>4/5 @ 4500 insured then.</u>

Date/Time, File Pass to? : Preli. Report : Final Report

1) _____
 Date/Time, File Return to? _____

2) _____

Report Format : _____
 Lump Sum / I.B.I: (\$) _____)

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)) : S + RS, SI
 : Interview (\$)) Photos
 : Tech. Invs (\$)) Others
 : Weekend (\$))

TOTAL