

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD (TP) / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SGZ 1805T
 at Workshop m/s: PL.
 of _____
 Insured: SMH9757U
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SGZ 1805T Yr Regn: 22/10/07
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Vios c.c. 1497
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 195540 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MR053149305021663
 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: 185/60R15
 R: _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: \$38k
 IDAC Accident Rpt: Consistent?: Yes or No
 GIA / PR Seen: Consistent?: Yes or No
 Est. Repairs: 10 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS 246A
 Date: _____ Person Contacted: Dep J/c
 Vehicle: IN / OUT

A	
N/S	O/S
B	

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Premio
 Front 6 mm Rear 6 mm
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 28/04/22 D.O.I. 29/4/22
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 Rear LF
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	COE util 21-10-2027 LTA @ 23307
	NLFF \$14693
	have G.A
6/5/22	4/5 @ 11,200 insured Alan

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

Days Of Repair: _____

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

Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
_____ S + RS, ___ SI	
Photos	
Others	
TOTAL	

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Weekend (\$)

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