

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: SGT7704

at Workshop m/s Bm/

of

Insured:

Policy No. _____

Claims No. _____

Sum Insured: _____

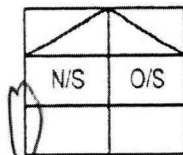
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: \$108

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

6426

Vehicle: IN / OUT

Date: _____ Person Contacted: 27A448684

Veh No: SGT7704

Yr Regn: 26/11/19

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or (A)

Make: SKODA KAROQ c.c. 1498

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

Sp. Reading: 25934 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: TMBKR7NU1 L 50/1020

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: 215/55R17

R: _____

BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal. 2 mm

R/Bal. 2 mm

L/Bal. 2 mm

L/Bal. 2 mm

D.O.A. 21/04/22

D.O.I. 17/05/22

Survey held at _____

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

N/S Rear

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

Date / Time Action / Instruction dep 13k

MUC Ajax Billy

30/5/22 2/5 @ 4150 informed kenny (red 5959.80, 58%)

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair: 3

1)

☐

Final Report

Resurvey No. of Trip: 2

Date/Time, File Return to?

Survey Fee: 170

Transportation: 50

2) 30/5/22-typist

Add Fee: ☐ Site Insp (\$)

) S + RS. SI

☐ Interview (\$)

) Photos

☐ Tech. Invs (\$)

) Others

☐ Weekend (\$)

)

Report Format: TP

Lump Sum / L.B.I. (\$ 4150)

TOTAL

481