

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s PROGRESSIVE CAR CARE

of

Insured:

Policy No:

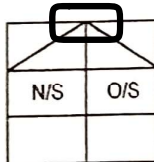
Claims No:

Sum Insured: Excess: \$500

(Client's Record)

Make of Veh:

(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: 12 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or NoCA / ☒ REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: YP84CYr Regn: 24 Nov/2015Type: M.Car / M.Cycle / Bus / Van ☒ Lorry ☐ Taxi / Prime Mover /

Truck / Trailer or

Make: ISUZU NHR85AUE4A R1 c.c. 2999Colour: White A/C: Insured / Std / NI / NASp Reading: — T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JAANHR85EF7100356 *Gen. Cond: ☒ Good ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ Inorder ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ Inorder ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: ☒ Nil ☐ S/Rim / ☐ STD A/Rim orTyre Size: F: 195R15R: 185R14☒ BS / ☐ DUN / ☐ EXNOVA / ☐ GY / ☐ FS / ☐ LIZA / ☐ MIC / ☐ OHTSU / ☐ PIR / ☐ SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A.

D.O.I. 20-05-2022

Survey held at

W/S

12:30PM

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

We will be advising our Principal a cost of repair \$23550 before GST/- with 12 days of repair
subject to their approval.

(red ,8089.25, 26%)

Date/Time, File Pass to?



: Preli. Report

1) 02/12/22

: Final Report

Date/Time, File Return to?

2)

Report Final: ODLum Sum / REP: 23550Days Of Repair: 12Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : Wheel end (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Other:

TOTAL