

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Ding Auto

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess: 2000

(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: \$59k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

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

CA / ☒ REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLF3042K

Yr Regn: 22 Aug 2016

Type ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: HONDA / VEZEL 1.5X c.c. 1496

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

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

Eng/No:

C/No: RU11110217

Gen. Cond ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: Nil / S/Rim / ☒ STD A/R or

Tyre Size: F: 215/65R16

R: //

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

TOYO / YOKO or ZEXTOUR

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. D.O.I. 24-05-2022

Survey held at OFFICE 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 \$10250/- with 5 days of repair, subject to their approval.

(red, 9018.5, 47%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 30/08/22

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : W/Weekend (\$

S + RS, SI

Photos

Other:

TOTAL

Report Fee:

Long Cost / MPB: 10250