ASS. REC. BY: Kenneth

REF: TU / 22003567/Kj

C

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s City Auto

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

11.30am

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: $48K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 07 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 12/28 Person Contacted: Vehicle: IN / OUT

Veh No: SJL 8583A Yr Regn: 12, 08

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Toy Vios (A) c.c 1497

Colour M. Silver A/C: Insured / Std / NI / NA

Sp.Reading 158970 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR0531Y930508265 5

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: F: 185/60R15

R: ——

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	3/6/22	D.O.I.	8/6/2022

Survey held at

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

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

Date / Time	Action / Instruction
15/7	Rep @ 3450 Cutw 26/7/22

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ Tech Invs ($)

☐ Weekend ($)

Survey Fee:

Transportation

$ - RS $

Others

Report Format :

Lump Sum / I.B.I: ($