

ASSIGNMENT

SEOW BOON YEE (XIAO WENYI)

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SL51337R

at Workshop m/s

Bmy

of

Insured:

SJR3396A

Policy No.

Claims No.

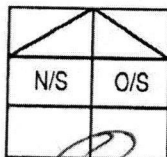
Sum Insured:

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:

660k.

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

9669

Date:

Person Contacted:

Vehicle: IN / OUT

LTA 24338

Veh No:

SL51337E

Yr Regn:

08/09/17

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

Truck / Trailer or

CA /

Make:

Nissan Pulsar

c.c

1197

Colour:

Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

80663

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VSKDDAC13U0102087

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:

215/502R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

23/06/22

D.O.I.

29/06/22

Survey held at

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

Rear 015

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

Date / Time

Action / Instruction

22/11/17

MYUC Roy

Date/Time, File Pass to?

☐

Preli. Report

1) 05/12/17

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

5

Resurvey No. of Trip:

1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

170

Transportation:

50

S + RS. SI

50+50

Photos

92

Others

80

TOTAL

492

Report Format :

TP

Lump Sum / I.B.I. (\$

5350

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