

ASS. REC. BY:

Steve

CS/CT122 006919/1443

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 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.

N/S	O/S
22	1

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 6 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBG 3895G Yr Regn: 9/7/17
 Type: N/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: 1100 Doble c.c. 1598
 Colour: Grey A/C: Insured / Std / Nil / NA
 Sp. Reading: 164547 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: 2FA96300006699672
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 185/60R15
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 19/1/22 D.O.I. 21/8/22
 Survey held at Wah Hong
 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
	<u>MR 46K</u>
	Steve confirmed lump sum : \$6500 and 6 days
	(red. 6262.44, 49%)

Date/Time, File Pass to?

1) 31/10/22

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.F. (\$ 6500)

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee:

Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL
