

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. 2250370728SG
 Sum Insured: _____ Excess: \$400.00
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bel. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 8 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: SNA 9612D Yr Regn: 26/7/21
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Audi A3 c.c. 1395
 Colour: Grey A/O: Insured / Std / Nil / NA
 Sp. Reading: 18064 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: WAV 222139M 1120248
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 175/65R17
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Falken
 Front R/Bal. 5 mm Rear R/Bal. 5 mm
 L/Bal. 5 mm U/Bal. 5 mm
 D.O.A. 13/8/22 D.O.I. 16/8/22
 Survey held at Premium
 Des. of Damages: (Frt) Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
21/11	MV-182K Confirmed final fig \$20,335.28; 8 days with Mr Boo. (Add \$11,540.72, 36%)

Date/Time, File Pass to?

☐ : Prell. Report
☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 8

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. \$1

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Report Format: ODLump Sum / (S): \$20,335.28