Assg. Filed By: GQ | REF: CS/ASM22008068/Gvy3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s SIN U LIAN MOTOR

of

Insured: SHD 7247T

Policy No.

Claims No. S2M041Q2

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

Bal. or Market Value: $61k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: PC6819K Yr Regn: 26 Dec 2017

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

Make: TOYOTA HIACE c.c 2982

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

Sp.Reading 280501 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KDH2118008200

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: 195R15

R: //

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 17/5/2022 D.O.I. 25-08-2022

Survey held at W/S 10:40

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

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

Date / Time	Action / Instruction
25/08	Confirmed COR $700 with workshop (red 1550,68%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 26/8/22-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weeland ($)

Survey Fee:

Transportation: S + RS. SI

Photos

Other:

TOTAL

Report Format: TP

Lump Sum / LPO: IBI $700