

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s WILLIAM'S AUTO

of

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

TBA

(Client's Record)

Make of Veh:

(Policy Condition)

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

<input checked="" type="checkbox"/>	
N/S	O/S

Bal. or Market Value: \$51k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 20 days Res.: Yes or No

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

CA ☒ REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKX9984U

Yr Regn: 05 Jan/2016

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

Truck / Trailer or

Make: HONDA VEZEL 1.5X C.C 1496

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

Sp Reading: — T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RU11105775 *

Gen. Cond: Good ☒ Fair ☐ Poor ☐ BurntSteering: Inorder / Jammed / Leaked ☒ Burnt orBrake: Inorder / ☒ Jammed / Leaked / Burnt orModi: Nil / S/Rim / ☒ S/D A/R or

Tyre Size: F: 215/60R16

R: //

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

TOYO / YOKO or FALKEN

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A.

D.O.I. 24-08-2022

Survey held at

W/S

2:30PM

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

Burnt

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

Date / Time	Action / Instruction
28.09.22	Adj Mandate Set - Revoked claim repudiated. Zheng Hanyang
18.11.22	Submit preliminary report
	Preli fig \$38,724.52 Check items \$14,727.76

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 20

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$500.00



: Other (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Other:

TOTAL

Report Forward:

Lum Sum / U/C: