ASS. REC. BY: GQ REF: CS/SMR22008149/Gqy3

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / TPS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s WAREHOUSE SG

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

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 1 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: CC25 Yr Regn: — /

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

Make: MIDO PRO c.c —

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

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

Eng/No:

C/No: —

Gen. Cond: Good / Fair / Poor / Burnt

Steering: norder / Jammed / Leaked / Burnt or

Brake: norder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: —

R: //

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

Front		Rear	
R/Bal.	1 mm	R/Bal.	1 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.		D.O.I.	24-08-2022

Survey held at W/S 5PM

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
24/08	Confirmed COR $569.9 with workshop (Red $0/-, 0%)

Date/Time, File Pass to?

1) 30/11 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 1

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___$ + RS.___SI

Photos

Others

TOTAL

Payment Method: TP

Claim Amt / UPD: 569.90