

ASS. REC. BY: Steve

CS/ AIS 22008489/Eng3

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. SP200743851-01

Claims No. 202222006204

Sum Insured: _____ Excess: 600

(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: \$152,000.00

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 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: SGR 524 Yr Regn: 14/11/16

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Vettefire c.c. 2493Colour: Black A/C: Insured / Std / Nil / NASp. Reading 94454 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: AGH300055941

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 135/50R18R: 135/50R18

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

TOYO / YOKO or .

Front Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 16/8/22 D.O.I. 17/9/22Survey held at Cheng AutoDes. 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
	Steve confirmed final fig :\$8232 and 4 days
	(red, 3341, 29%)

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: 4

1) 10/10/22

☐ : Final Report

Resurvey No. of Trip: 3

Date/Time, File Return to?

Survey Fee:

Transportation:

2)

Add Fee: ☐ : Site Insp (\$ _____)

\$ + RS. \$

☐ : Interview (\$ _____)

Photos

☐ : Tech, Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

Report Format:

Lump Sum / I.B.B. (\$ 8232)

TOTAL