

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP ☒ N/S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s WORLD AUTO

of _____

Insured: _____

Policy No. _____

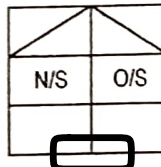
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: \$89k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 5 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: SMR4676A Yr Regn: 07 Jan/2020Type ☒ M.Car ☐ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: HONDA SHUTTLE HYBRID 1.5 c.c 1496Colour: WhiteA/C: Insured / Std / NI / NASp. Reading: 53102T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GP72006106Gen. Cond ☒ Good ☐ Fair ☐ Poor ☐ BurntSteering: ☒ Inorder ☐ Jammed / Leaked / Burnt orBrake: ☒ Inorder ☐ Jammed / Leaked / Burnt orModi: Nil / S/Rim / ☒ STD A/R orTyre Size: F: 195/55R15R: //☒ BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 02-09-2022Survey held at W/S 11:30Des. 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

Guo Qiang finalised final fig \$4783.20, 5 days. (Red \$4123.60, 86%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 13/10 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$

S + RS, SI

☐ : Interview (\$

Photos

☐ : Tech. Insp (\$

Other:

☐ : Travel and

TOTAL

Report Finalised

TP

Long Term Rep: 4783.20