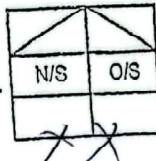


ASSIGNMENT

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. _____
 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: _____
 IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLJ 682L Yr Regn: 28/11/16
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Nissan Almera c.c. 1498
 Colour: Brown A/C: Insured / Std / Nil / NA
 Sp. Reading: 139702 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: MNTRBAN1720005652
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / SRim / STD A/Rim or
 Tyre Size: F: 195/55R15
 R: 11
 BS / DUN / EXNOVA / SY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 31/8/22 D.O.I. 27/9/22
 Survey held at Tan Cheng
 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
	<u>MV-50K</u>
	<u>02/11/22 Steve confirmed final fig: \$1947.56 and 4 days</u>
	<u>(red. 735.57, 27%)</u>

Date/Time, File Pass to? ☐ : Prell. Report

1) 02/11/22 ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format:

Lump Sum / L.S.: 1947.56

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL