

ASSIGNMENT

From: Date:

Estimated Cost:

OD (TP) / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLA 266C
at Workshop m/s 2nd Ave
of

Insured: SLS 23397

Policy No.

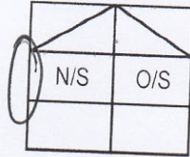
Claims No.

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: \$40k.

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: Person Contacted: LTA 25834
Vehicle: IN / OUT

Date / Time Action / Instruction 23/9/22 M/S \$5000 in hand AH long

Veh No: SLA 266C Yr Regn: 19/02/16
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or (A)

Make: Hyundai Elantra c.c 1591

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

Sp. Reading: 303278 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHPH41CM6U656483
Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215 / 55 R16
R:

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

Front R/Bal. 6 mm Rear R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 16/09/22 D.O.I. 21/09/22

Survey held at

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

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

Date/Time, File Pass to?

Preli. Report
Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

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

S + RS, SI
Photos
Others

TOTAL

Report Format :

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

Large empty box for final totals and signatures.