

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / ☒ P RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s Bluwel Automotive

of

Insured:

Policy No:

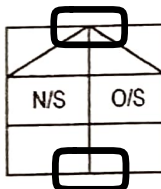
Claims No:

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: \$105k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SJR42R

Yr Regn: 15 May/2018

Type ☒ M.Car ☐ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: HONDA CIVIC 1.5 TURBO c.c. 1498

Colour: Yellow

A/C: Insured / Std / NI / NA

Sp. Reading: 79638

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MRHFC1660HT000473 \*

Gen. Cond: ☒ Good ☐ Fair / Poor / BurntSteering: ☒ Inorder ☐ Jammed / Leaked / Burnt orBrake: ☒ Inorder ☐ Jammed / Leaked / Burnt orModi: Nil ☒ S/Rim ☐ STD A/Rim or

Tyre Size: F: 235/40ZR18

R: //

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A.

D.O.I. 05-10-2022

Survey held at

W/S

1PM

Des. of Damages: ☒ Frt ☒ Rea ☐ O/S ☐ N/S ☐ U/C ☐ Rooftop or

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : A/Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Other:

TOTAL

Report Filed:

Long. Cdn / MPB: