

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: 500  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SMA 131L Yr Regn: 2019/19  
 Type:  M. Car /  M. Cycle /  Bus /  Van /  Lorry /  Taxi /  Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Mitsubishi Eclipse c.c. 1799  
 Colour: white A/C:  Insured /  Std /  Nil /  NA  
 Sp. Reading: 8400 85821 T/Radio:  Insured /  Std /  Nil /  NA  
 Eng/No: \_\_\_\_\_  
 C/No: JMAX GK 1W K2 000617  
 Gen. Cond:  Good /  Fair /  Poor /  Burnt  
 Steering:  Inopdr /  Jammed /  Leaked /  Burnt or \_\_\_\_\_  
 Brake:  Inopdr /  Jammed /  Leaked /  Burnt or \_\_\_\_\_  
 Modl:  Nil /  S/Rim /  STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 225/55R18  
 R: \_\_\_\_\_

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.  

N/S	O/S

 Bal. or Market Value: 117k  
 IDAC Accident Report: \_\_\_\_\_ 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

BS / DUN / EXNOVA / GY / FS / LIZA /  MID / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  

Front	Rear
R/Bal. <u>4</u> mm	R/Bal. <u>4</u> mm
L/Bal. <u>4</u> mm	L/Bal. <u>4</u> mm
D.O.A. <u>11/10/22</u>	D.O.I. <u>17/10/22</u>

 Survey held at Wah Hong  
 Des. of Damages:  Fnt /  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>MY-117K</u>
	<u>03/11/22 Steve confirmed final fig :\$3408 and 5 days (red, 1250.7, 27%)</u>

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 1) 03/11/22  
 Date/Time, File Return to?  
 2) \_\_\_\_\_  
 Report Format: \_\_\_\_\_  
 Lump Sum / L.S. (\$) 3408

Days Of Repair: 5  
 Resurvey No. of Trip: 1  
 Add Fee:  : Site Insp (\$) \_\_\_\_\_  
 : Interview (\$) \_\_\_\_\_  
 : Tech. Invs (\$) \_\_\_\_\_  
 : Weekend (\$) \_\_\_\_\_  
 Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 S + RS. \$ \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL \_\_\_\_\_