

ASS. REC. BY:

REP:

CS/HLA22011444/Awy3

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 5 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJD2503M Yr Regn: 2008 MarchType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda 3 c.c. 1598Colour: Black A/C: Insured / Std / NI / NASp. Reading: 206268 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM63K106280368098Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/55R16R: 205/55R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKQ or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 15/11/22Survey held at 3 in threeDes. 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

TP HLCOE Expiry: 13/03/28

06/03/2023 Finalise L/S 2,950.00 @ 05 days (Red \$2,804.12/49%)

MV:

PV:

Nett:

Date/Time, File Pass to?

06/03/2023

1) Typist

Date/Time, File Return to?

2)

Report Format: TP

L/S \$2,950.00

☐ : Prel. Report☒ : Final ReportDays Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Inve (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others