

ASSIGNMENT

From:

Date:

Estimated Cost:

Veh No:

SL59993H/ Yr Regn: 27/07/17

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

OD / ~~MP~~ WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No:

SL59993H

Make:

Toyota Alphard

c.c 2493

at Workshop m/s

Tan Lim

Colour:

Black

A/C:

Insured / Std / NI / NA

of

Sp Reading

137091

T/Radio: Insured / Std / NI / NA

Insured:

SLF12626

Eng/No:

Policy No.

C/No:

AGH30 0135041

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

Tyre Size:

F:

235/50 R18

R:

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

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

Bal. or Market Value:

\$140k.

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

7 mm

R/Bal.

7 mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

7 mm

L/Bal.

7 mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

20/11/22

D.O.I.

2/12/22

Lum Sum:

%

3 Val.: Yes or No

Survey held at

CA / REV / REP. / 24 HRS

992h

Vehicle IN / OUT

Date:

Person Contacted:

L7A#51679

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

O/S. Pst.

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

Date / Time

Action / Instruction

Rep 26k.

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation

) \$ + RS. \$

) Photos

) Others

)

TOTAL

Report Format :

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

