

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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

c.c

Colour:

A/C:

Sp. Reading

T/Radio:

Eng/No:

C/No:

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:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

Survey held at

Des. 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

Rep 10500

22/6/22 Notified 34423
 which should pass
 Survey on 01-06-22 @ 11.25
 Disruption on 02-06-22 @ 11.20
 After repair on 09-06-22 @ 2pm.
 28/6/22 Rep. in range \$8k-9k and 9 days.

24/6/22 @ 12.58pm revised to Yvonne Ang via Smart Claims.

26/01/23 Submit LS \$20000, 9 days. (Red \$7380, 27%)

Date/Time, File Pass to?

26/01

: Preli. Report

Days Of Repair:

9

1) 29/6/22

: Final Report

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

) S + RS, SI

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

)

Report Format:

TP

Smart Claims - PPS

Lump Sum / L.B.L. (\$

20000

)

TOTAL