

(08/11/13) wcf

ASS. REC. BY:

REF:

CS/CTI 22012572 / GVP3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD (TP/WS/TP RES/OD RES/EVA/INV/MV)

To Inspect Vehicle No: SDI 8878G

at Workshop m/s JAS Auto

of _____

Insured: SGY 833E

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: _____ 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: SDI 8878G Yr Regn: 3 / 2009

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

Truck / Trailer or

Make: Porsche Cayman 2.7 (A) C.C. 2687

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: — T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WPD 22298Z SU * 751414

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: 235 / 40 ZR18

R: "

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

TOYO / YOKO or

Front

Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 6/12/22 D.O.I. 16/12/22

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

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

S + RS \$

Photos

Others

TOTAL

Report Format: _____

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