

ASS. R. = C.D. / 1/1/2023

REF: CS/CTI 220/2755/Prng 3.

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp. at Vehicle No: _____

at Workshop/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: \$78K

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS WP

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMR 6103Z Yr Regn: 2020, Jan

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

Truck / Trailer or _____

Make: Nissan Sylphy C.C. 1598

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

Sp. Reading: 2828 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MNT1504517E0036158

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/60R16

R: _____

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

TOYO / YOKO or _____

Front R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. _____

Survey held at Dickson, Auto

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

Fit w/s

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

N/S	O/S

Date/Time	Action/Instruction
09/03/2023	Finalise L/S \$850.00 @ 02 days (Red \$2,380.20/74%)

Date/Time, File Pass to? 09/01/2023

1) Typist ☐ : Preli. Report ☒ : Final Report

Date/Time, File Return to? _____

2) _____

Report Formed: TP

L/S \$850

Days Of Repair: 02

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____