S. REC BY: Taufik | REF: INC

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 Ni: _____

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
X	

Bal. or Market Value: _____

IDA.C Accident Rport: _____ 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHB5384D Yr Regn: 2016, May

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toyota Prius c.c 1798

Colour Maroon A/C: Insured / Std / Nil / NA

Sp.Reading 468592 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JTDKN3646057 67893.

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: 145/65R15

R: " "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YDKO or Sailun

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.L	18/1/23

Survey held at SMRT WL

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

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

Date / Time	Action / Instruction
	04/05/2023 Finalise L/S $1,300.00 @ 02 days (Red $5,702.50/80%)

Date/Time, File Pass to? 04/05/2023
1) typist

Date/Time, File Return to?
2)

☐ : Preli. Report
☑ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

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

Survey Fee:
Transportation: S + RS SI
Photos
Others

Report Format : TP
Lump Sum / I B... : L/S $1,300