

RECEIVED: 05/10/23 00651/Tryz

ASSIGNMENT

From: _____ Date: _____

Estimated cost: _____

OD / TP / IS / IP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop no: _____

of _____

Insured: YP 5073B

Policy No: _____

Claims No: M11D00052301

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bel. or Market Value: _____

IDAC Accident Report Consistent? : Yes or No

GIA / PR Seen Consistent? : Yes or No

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

Turn Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

23/2/23 Final fig \$1227.20 confirmed by email (Red 181.80, 13%)

Veh No: SG1840Z Yr Regn: 2019, Aug

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

Truck / Trailer or

Make: MAN A22 C.C. 10518

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

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

Eng/No: _____

C/No: WMAA22 EE 15F00 7617

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: S/Rim / STD A/Rim or

Tyre Size: F: 275/70R22.5

R: —

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

TOYO / YOKO, or

Front Rear

R/Bal. 8 mm R/Bal. 8/8 mm

L/Bal. 8 mm L/Bal. 8/8 mm

D.O.A. 31/12/2022 D.O.L. 26/1/23

Survey held at Fox Fresh

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

O/S Mirror.

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

Date/Time, File Pass to?

☐ : Prel. Report

☐ : Final Report

Date/Time, File Return to?

27/2/23-typist

Days Of Repair: 1

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Insp (\$)

S + P.S. \$

Price

Charge

TP

\$1227.20