

ASS. REC. BY:

REF:

AIS / 23001758 / kp

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s Cam Del

of 6240

Insured: _____

Policy No. _____

Claims No. _____

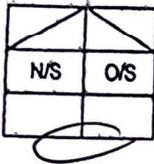
Sum Insured: _____ Excess: _____

(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: 04 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: GBK 5P43P Yr Regn: 09, 20

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

Truck / Trailer or Car

Make: Pugeot Peugeot c.c. 1461

Colour: White / Red A/C: Insured / Std / NI / NA

Sp. Reading: 36579 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VIF1FWT8143638047833

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or None

Front 9 mm Rear 9 mm

R/Bal. 9 mm L/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 7/2/23 D.O.I. 20/2/2023

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prel. Report

Days Of Repair: _____

1)

: Final Report

Resurvey No. of Trlp: _____

Date/Time, File Return to?

Survey Fee:

Add Fee: : Site Insp (\$)

Transportation

: Interview (\$)

(\$ - RS. \$)

: Tech Invs (\$)

Others

: Weekend (\$)

TOTAL

Report Format :

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

205 Branding Pte Ltd