

ASS. REC. BY:

REF: ALGKenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s SMRT

of _____

Insured: _____

Policy No. _____

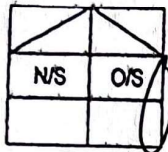
Claims No. _____

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: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 07 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 5053J Yr Regn: 11, 17Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi Prime Mover /

Truck / Trailer or

Make: Toy Prius c.c. 1798Colour: N. Brown A/C: Insured / Std / NI / NASp. Reading: 60051 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB31F0603573627Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD / Rim orTyre Size: F: Giti 195/65R15R: Sailun

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 20/2/23D.O.I. 22/2/2023

Survey held at _____

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

O/S Rear body & etc

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report
☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee: _____

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

Transportation

S - RS. \$

Fees

Others

TOTAL

Report Format :

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