

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLE89356

at Workshop m/s FT

of

Insured: SLB8105B

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.

N/S	O/S

Bal. or Market Value: \$53k.

IDAC Accident Rpt: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: LTA 28419

Vehicle: IN / OUT

Date / Time Action / Instruction

NO Estimate PAS 27/14k.

Survey on 27-02-23 @ 11:30am

Resurvey on 27-02-23 @ 1pm.

After repair on 13-03-23 @ 10:20am.

13/3/23 submit repair range \$6-7k.

Veh No: SLE89356

Yr Regn: 04/28/16

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

Truck / Trailer or CA/

Make: Honda

c.c.

1496

Colour: white

A/C: Insured / Std / NI / NA

Sp. Reading: 144067

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU11114624

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/55 R17

R: _____

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

TOYO / YOKO or

FALKEN

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 0 mm

D.O.A. 21/02/23

D.O.I. 27/02/23

Survey held at _____

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

Rear

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

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: _____

1)

Date/Time, File Return to?

Resurvey No. of Trip: _____

2)

Add Fee:

☒ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Report Format :

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

Survey Fee: _____

Transportation: _____

Photos

Others

TOTAL