

ASS. REF. BY: T. J. J. J.

REF: CS/FC12300 22.38/1223

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 No. _____

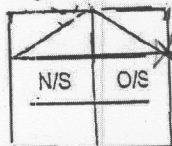
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 472K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Lawrence

Vehicle: IN / OUT

Veh No: S4V5265L Yr Regn: 2017/1 Dec.

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

Truck / Trailer or

Make: Nissan dashyari C.C. 1197

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

Sp. Reading: 91633 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STWFEA J1147159493

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 225/45R19

R: 7

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

TOYO / YOKO or

Front R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 2/3/23

Survey held at Tan Chay Bkt Timah

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

O/S Frt

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

Date / Time Action / Instruction

13/04/23@1.43pm finalised with LAWRENCE TEO final fig \$3636.60, 3 days.

(Red \$665, 15%)

Date/Time, File Pass to?

1) 13/04 Typist

Date/Time, File Return to?

2)

Report Format: TP

Estimate / L.B.R. (\$) 3636.60

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

135
50
50
27
262