

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SNH 65340at Workshop m/s CYCLE & CARRIAGEof 188, PANDORA LOOPInsured: AIS

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: IBR 700k

(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: 302k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

days

Res.: Yes or No

Lum Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNH 65340Yr Regn: 2022 / NOVType M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MERCEDES BENZ E300E AV c.c. 1991Colour: BLACK

A/C: Insured / Std / NI / NA

Sp. Reading: 52SP

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WIK21305328040744Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/35R17

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 11/01/23D.O.I. 09/03/23Survey held at CYCLE & CARRIAGE (PL)

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

O/S REAR

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

Date / Time Action / Instruction

REPAIR LIMIT - 155K21/4/23 Finalised final fig \$3247.75; 3 days with Mr Yik. (Red \$812.59, 20%)

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Report Format: 00Lump Sum (I.B.I.) \$ 3,247.75