

ASS. REC. BY: Tajph

REF:

100 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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 1 days Res.: Yes or No

Lum Sum: I.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Lim TS Vehicle: IN / OUT

Veh No: SH7964E Yr Regn: 248 1 Sep

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

Truck / Trailer or _____

Make: Myundai i30 c.c. 1580

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

Sp. Reading: 373/31 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH085/CVky707293

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: 195/65R15

R: 2

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

TOYO / YOKO or Westlake

Front 6 mm Rear 6 mm

R/Bal. 6 mm L/Bal. 6 mm

D.O.A. 12/4/23

Survey held at 10th Court Road

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

N/S mirror

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

Date / Time	Action / Instruction
16/05/2023	Finalise P/P \$1,388.36 @ 1 DAYS (RED \$425.24/23%)

Date/Time, File Pass to?

1) **TYPIST**

Date/Time, File Return to?

2)

Rep. Format: **TP**

Lump Sum / I.B.I. (P/P \$1,388.36)

Days Of Repair: **1**

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS. \$ _____

Photos _____

Others _____

TOTAL