

Ass: REF:

ASSIGNMENT

From Date:
 Estimated Cost:
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Insured Vehicle No:
 at Workshop m/s
 of
 Insured
 Policy No.
 Claim No.
 Sum Insured: Excess:
 (Client's Record)
 Make of Veh:
 (Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value:
 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: Smm4885P Yr Regn: 2019, June
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Audi Q5 c.c. 1984
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 61028 T/Radio: Insured / Std / NI / NA
 Eng/No:
 C/No: WAUZZ2FY5K2082116
 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: 235/55R19
 R: 235/55R19

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Continental
 Front Rear
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. D.O.I. 18/07/23
 Survey held at Xin Heng
 Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP Chim</u>
	<u>COE Expiry :</u>
	<u>Estimate given during :</u> Yes ()
	<u>1st Survey</u> No ()
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) Date/Time, File Return to?
 2)

Days Of Repair:
 Resurvey No. of Trip:

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Inve (\$)

Survey Fee:
 Transportation:
 S + RS. \$
 Photos
 Others

Report Format:
 I / P / S / R / T / G