

ASSIGNMENT

From: _____ Date: _____
Estimated cost: _____
OD / TP / VS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No: _____
at Workshop m/s _____
of _____
Insured: XE 7242L
Policy No. SNM22D205143/C02/tankl/leepg
Claims No. BRR/AL/9857/23
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: \$96K
IDAC Accident Report _____ Consistent?: Yes or No
GIA / PR Seen: _____ Consistent?: Yes or No
Est. Repairs: _____ days Res.: Yes or No
Turn Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Veh No: SMP2740X Yr Regn: 2019, Sep
Type: MCA / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Honda Shuttle c.c. 1496
Colour: white A/C: Insured / Std / NI / NA
Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: GP72007360
Gen. Cond: Good / Fair / Poor / Burnt
Steering: in order / Jammed / Leaked / Burnt or
Brake: in order / Jammed / Leaked / Burnt or
Modl: Nil / STD / STD A/Rim or
Tyre Size: F: 185/60R15
R: 185/60R15
BS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO, or Kapsen
Front _____ Rear _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 16/7/2022 D.O.L. 5/8/22
Survey held at Apex Motoring
Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
Fnt o/s, o/s body, u/c
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
20/2/23	Repair Range: \$18000 - 92000, 25 days
25/7/23	Submit LS \$29,850 (Red 3650, 11%)

Date/Time, File Pass to? ☐ : Preli. Report
1) ☐ : Final Report
Date/Time, File Return to?
2) 25/7/23-typist
Days Of Repair: 16
Resurvey No. of Trip: _____
Add Fee: ☐ : Site Insp (\$) ☐ : Interview (\$) ☐ : Tech. Insp (\$) ☐ : Weekend (\$)
Survey Fee: _____
Transportation: _____
Office: _____
R. & F. Formlet: _____
Loss Sum / L.B. (\$): _____