

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CD/111 24090423/4ua3**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: G3L 6474at Workshop m/s 145 M6

of _____

Insured: SLX 3365J

Policy No. _____

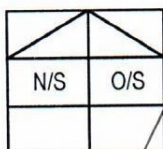
Claims No. _____

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: 82k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 10 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

C 196N

Vehicle: IN / OUT

Date: _____ Person Contacted: LTA 19473Veh No: G3L 6474 Yr Regn: 26/10/21

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

Truck / Trailer or CMMake: Toyota hiace c.c. 2982Colour: Black A/C: Insured / Std / NI / NASp. Reading: 43177 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFH702P800251392

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: NI / S/Rim / STD A/Rim orTyre Size: F: 195-215

R: _____

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

TOYO / YOKO or AustoneFront 6 mm Rear 6 mm

R/Bal. _____ mm R/Bal. _____ mm

L/Bal. 6 mm L/Bal. 6 mmD.O.A. 20/09/24 D.O.I. 24/9/24

Survey held at _____

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

Rear o/s

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

Date / Time Action / Instruction 14/10/24 4/5 & 7400 Informed Susan

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

Report Format : _____

Lump Sum / I.B.I: (\$))

☐ : Weekend (\$))

