ASS. REC. BY: Kenneth | REF: SMR / CS/SMR24100398/Kvp3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s JS Spray

of 9851

Insured: SMB 1546X

Policy No. _____

Claims No. BUS/10/24/7019

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: $43K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLR 5900H Yr Regn: 08/17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A)

Make: Honda Vtec c.c 1496

Colour M.D. Green A/C: Insured / Std / NI / NA

Sp.Reading 174691 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU3 · 1250190

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: NII / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	17/10/24	D.O.I.	22/10/2024

Survey held at _____

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
/	PRS
23/10/24	EM repair cost $3-4K

Date/Time, File Pass to? _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Date/Time, File Return to? _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____), Parking

☐ Tech Invs ($ _____), Others

☐ Weekend ($ _____)

Report Format : _____

Sum / I.B.I: ($ _____)

TOTAL