

ASS. REC. BY: **Steve**

REF:

CS/LIP24110435/Eqh3

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. _____

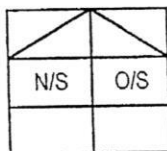
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 7 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SLA1555L** Yr Regn: **29 Oct 2019**Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: **HONDA GRACE** C.C. **1496**Colour **Black** A/C: **Insured / Std / NI / NA**Sp. Reading **194157** T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: **GM41206632** *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: **185/60R15**R: **"**

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

TOYO / YOKO or **ZEXTOUR**Front RearR/Bal. **5** mm R/Bal. **5** mmL/Bal. **5** mm L/Bal. **5** mmD.O.A. **19/11/24** D.O.I. **21/11/24**Survey held at **My Car Consultant**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
	MV - \$69k
	Steve finalised LS \$4300, 7 days (Red \$5511.08, 56%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Format: **TP**Lump Sum **4300**Days Of Repair: **7**Resurvey No. of Trip: **1**

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL