

REF:

III

ASSIGNMENT

From

Date

30/1/18

Van No

5459289H

In Regn

1017

Estimated Cost

Type (M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover)

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

Truck / Trailer or

CAI

To Inspect Vehicle No

SLS9289H

Make

Honda vere / Hybrid 1496

at Workshop on

7am time motor pepasus

Colour

S. Wer

A.C.

Insured / Std / NI / NA

of

51 Defu June 10

Sp. Reading

31661

T. Radio

Insured / Std / NI / NA

Insured

Eng No

Policy No

SMID 4625C

O/No

RU31247338

Claims No

Gen. Cond. (Good / Fair / Poor / Burnt)

Sum Insured

Excess

Steering (Ins / Jammed / Leaked / Burnt or)

(Client's Record)

10:30 am @ owner waiting

Brake (Ins / Jammed / Leaked / Burnt or)

Make of Van

Mod. (Nil / STD A/Rim or)

Tyre Size

215/60R16

(Policy Condition)

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



Bal. or Market Value

Front

Rear

IDAC Accident Report

Consistent? : Yes or No

R/Bal.

6

mm

R/Bal.

6

mm

IDAC / PR Seen

Consistent? : Yes or No

L/Bal.

6

mm

L/Bal.

6

mm

Est. Repairs

days

Res: Yes or No

D.O.A.

25/1/18

D.O.I.

30/1/18

Lum Sum

%

3 Val: Yes or No

Survey held at

CA / REV / REP. / 24 HRS 'up'

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

O/S Rear

Date

Person Contacted

Vehicle: IN / OUT

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

Date Time Action / Instruction

Date Time File Pass to

☐

Preli. Report

Days Of Repair:

Date Time File Return to

☐

Final Report

Resurvey No. of Trip

Survey Fee

Report Format

Lum Sum (B / S)

Add Fee:

Site Insp \$

Inter. Insp \$

Tech. Insp \$

Rep. Insp \$

Transporter

B / S / R / S

B / S

B / S

B / S

B / S