

Summary

ASSIGNMENT

From:

Date:

02081018

Estimated Cost:

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

To Inspect Vehicle No:

SFC 1122M

at Workshop m/s

BH Auto

of

Blk 1 Sin ming Ind Est #01-115

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

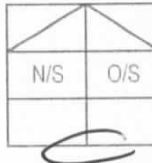
(Client's Record)

Make of Veh:

(Policy Condition)

2pm

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:

2-6

days

Res.: Yes or No

Lum Sum:

1-12.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SFC 1122M

Yr Regn:

07 15

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

Truck / Trailer or

Make:

Toy Harrier

C.C

1986

Colour:

M. Black

A/C: Insured / Std / NI / NA

Sp. Reading

38910

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ESU 60

0050151

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

47

R

225/65R17

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

4

mm

L/Bal.

9

mm

L/Bal.

4

mm

D.O.A.

30/7/18

D.O.I.

8/8/18

Survey held at

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

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

Date / Time

Action / Instruction

10/8 Repairs to Nivite

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) \$ + RS. SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

) TOTAL

Report Format :

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

TOTAL