

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

AVA

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: 550 8297

at Workshop m/s Tashan

of

Insured: SMC 87266

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: 17k

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: 1 Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

LTA 13/69

Vehicle: IN / OUT

Date: _____ Person Contacted: 22/4/2019

Date / Time Action / Instruction

6m. nett 3831

9/11/18 confirmed HS # 2200 with MR Tan.

Veh No: 5708297 Yr Regn: 409

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

Truck / Trailer or

Make: Honda civic c.c. 1595

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 167193 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMF0462095200766

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: 205/55R16

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 22/10/18

D.O.I. 9/11/18

Survey held at _____

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

MS 4-

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

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: _____

S + RS, SI

Photos

Others

TOTAL

Report Format : _____

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

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