

(08/11/13) wef

ASS. REC. BY: *Mexicus*

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: *SVU 6845E*at Workshop m/s *Koharu*of *hmr*

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.

N/S	O/S

Bal. or Market Value: *30k*

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

LTA 2/1/11

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date / Time _____ Action / Instruction *replk**undercarriage? type 1yrs 3mths next 8889*Veh No: *SVU 6845E* Yr Regn: *5/2/10*Type: *M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /*Truck / Trailer or *(A)*Make: *Honda* *odyssey* c.c. *2354*Colour: *Black* A/C: *Insured / Std / NI / NA*Sp. Reading: *240168* T/Radio: *Insured / Std / NI / NA*

Eng/No: _____

C/No: *JHMRB38509C201535*Gen. Cond: *Good / Fair / Poor / Burnt*Steering: *In order / Jammed / Leaked / Burnt or*Brake: *In order / Jammed / Leaked / Burnt or*Modi: *Nil / S/Rim / STD A/Rim or*Tyre Size: F: *215/55R17*

R: _____

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

TOYO / YOKO or _____

Front

R/Bal. *3* mmL/Bal. *3* mmD.O.A. *30/10/18*

Survey held at _____

Rear

R/Bal. *5* mmL/Bal. *5* mmD.O.I. *26/11/18*Des. of Damages: *FR / Rear / O/S / N/S / U/C / Rooftop or**O/S Rep.*

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: _____

Add Fee:

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

Survey Fee:

Transportation:

____ S + RS, ____ SI

Photos

Others

TOTAL

Report Format : _____

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