

REF: 376/189

REF:

ASSIGNMENT

CDE-2023 July

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:

18

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKT 5310L

Yr Regn:

2008 July

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

203213

T/Radio: Insured / Std / NI / NA

Eng/No:

R16A13005969

C/No:

JHMF046

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:

205/55R16

R:

11

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

TOYO / YOKO or

Bridgestone

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

28/12/2018

D.O.I.

24/01/2019

Survey held at

Tremwork Page ubi

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

Front o/s 7 o/s Portion

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

Date / Time

Action / Instruction

AIG SGG 9948 L

MV 32K

LTA 16.7K

HL 15.3K

16/05/19 jnapw 2/s 13300/- with 18 days of rep

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, \$

Photos

Others

TOTAL

Report Format :

Lump Sum + I.B.I. (\$