

REF: CT1

ASSIGNMENT

From:

Date: 12/3/19

Veh No: SMC 4862H Yr Regn: 30/6/2018

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

To Inspect Vehicle No: SMC 4862H

Make: Honda Shuttle 1.5G c.c 1496

at Workshop m/s Bliss Garage

Colour: Black A/C: Insured / Std / NI / N/A

of 25 Kaki Bukit #03-33

Sp. Reading 57130 T/Radio: Insured / Std / NI / N/A

Insured:

Eng/No: L15B5462287

Policy No.

C/No: GK81201954

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

Tyre Size: F: 205/50R16

R: 205/50R16

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

N/S	O/S

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

TOYO / YOKO or

Falken

Bal. or Market Value:

Front

Rear

IDAC Accident Report:

Consistent? : Yes or No

R/Bal. 6 mm

R/Bal. 6 r

GIA / PR Seen:

Consistent? : Yes or No

L/Bal. 6 mm

L/Bal. 6 r

Est. Repairs:

4 days

Res.: Yes or No

D.O.A. 8/3/19

D.O.I. 19/3/19

Lum Sum:

%

3 Val.: Yes or No

Survey held at

Bliss Garage

CA / REV / REP. / 24 HRS WP

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time Action / Instruction

Range 3000/2 - 4000/2

RECEIVED 10 APR 2019

8/4/2019

MV 77,000/2

PV 38,055/2

NV 38,945/2

TCRM 5/4/19

Date/Time, File Pass to?

☐

Prel. Report

Days Of Repair:

1)

☐

Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

Report Format:

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

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

TOTAL