

REC. BY:

Steve

REF:

SMOCS/SMO19021802/Esd3

ASSIGNMENT

From: _____ Date: 11/12/19

Estimated Cost:

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

To Inspect Vehicle No: GBA 3685A

at Workshop m/s

Mova

of 15 Fan Young Road

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

vehicle In

(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:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

1up

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBA 3685A

Yr Regn:

4/6/07
30/4/2007

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

Truck / Trailer or

Make:

Toyota Hiace

c.c

2982

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

42730

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTFHT01P200003977

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:

195/R15C

R:

4

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

9/12/19

D.O.I.

11/12/19

Survey held at

Mova

Des. of Damages

Front

Rear

O/S

N/S

U/C

Rooftop or

fwd RH, LH, Rear RH

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

Date / Time

Action / Instruction

MV- 18,000

PV- 11,482

AV- 6,518

08/01/2021 3.20PM CELINE CONFIRMED LS \$6,000.00 & 14 DAYS WITH ALAN.
(\$ 17,477.75/RED - 74%)

Date/Time, File Pass to?

11/01/2021



Preli. Report



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 14

Resurvey No. of Trip: 1

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Week end (\$

Survey Fee:

Transportation:

S + PS. SI

Photos

Others

TOTAL

Report Formed:

LS \$6,000.00