

ASS. REC. BY:

Steve

REF:

CS/SMO 2000 7562/45f3 EUSf3

ASSIGNMENT

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No: SDV 133L

Yr Reg: 11/7/16

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

Truck / Trailer or

Make:

Toyota Harrier

cc 1986

Colour:

Red

Age:

Insured / Std / Nil / NA

Sp Reading:

76485

TPR:

Insured / Std / Nil / NA

Eng/No:

C/No:

254601978626

Gen. Cond:

Good / Fair / Poor / Burnt

Steering:

In order / Jammed / Leaked / Burnt or

Brake:

In order / Jammed / Leaked / Burnt or

Modl:

Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

235/55R18

R:

L1

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

TOYO / YOKO or

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

17/7/20

D.O.I.

23/7/20

Survey held at

Ryder Auto

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

FM RH

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

Date / Time

Action / Instruction

MV-83K

STEVE CONFIRMED L/S \$ 4,500.00/3 DAYS WITH BOSS
(\$ 3,624.40/RED - 45%)

Date/Time, File Pass to?

03/08/2020

1) TYPIST

Date/Time, File Return to?

2)



Prell. Report



Final Report

Days Of Repair:

3

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

\$ + RS. \$

Phone

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Rep. Formed:

Lump Sum

L/S \$

4,500.00