(08/11/13) wef

ASS. REC. BY: Marcus

REF: cc4/ASM20008722/Ups3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMG1446A

at Workshop m/s ff.

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: 70k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 8 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 60Hk

Vehicle: IN / OUT

Date: Person Contacted: LTA 29847

Veh No: SMG1446A Yr Regn: 12/18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or CA

Make: Honda Vezel c.c 1496

Colour Grey A/C: Insured / Std / NI / NA

Sp.Reading 62377 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RU1130407*

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: 245/60R18

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	20/8/20

Survey held at

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

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

Date / Time	Action / Instruction
	Inform G.A
	No agree 50% on spare parts
3/8/20	L/S @ 12,300 confirmed with Alan.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) ___S + RS, ___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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

SS