

ASS. REC. BY:

Steve

REF:

CS3 / AIG 2009582 / Etf3

ASSIGNMENT

From:

PRS

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:

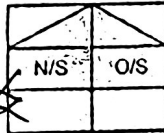
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMC 1531H

Yr Regn:

27/6/18

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

Truck / Tractor or

Make:

Honda Shuttle

c.c 1496

Colour:

Silver

A/C: Insured / Std / Nil / NA

Sp. Reading

205934

T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No:

GP 71212661

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

185/65R15

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or 8

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

5/9/20

D.O.A.

8/9/20

Survey held at

Kent Auto

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

MK-68K

TPBI - N/A

submit DAR report

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Rep. Formed:

Lump Sum / L.E.T. /

Days Of Repair:

3

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

MOTOR CAR (LIU)

ACTION (AC)

(1) Replace (✓) (2) Repair (X) (3) Check (○)

(4) Not Consistent (NC)

Aug 2005

Vehicle No:

SMC 1531H

Portion

[illegible][illegible]

No of Items: _____

Assessor: _____

3 rept cks