

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SKU 92232

at Workshop m/s

fl.

of

Insured:

SKE 20606

Policy No.

Claims No.

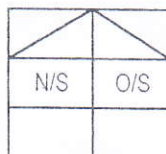
Sum Insured:

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:

926

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

4632

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SKU 92232

Yr Regn:

8/15

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

Truck / Trailer or

(A/

Make:

Myota vellfire c.c

2494

Colour

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

114525

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTN6F3DH908002003

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

235/50 R18

R:

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

TOYO / YOKO or

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

13/9/20

D.O.I.

15/9/20

Survey held at

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

Rear

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

Date / Time

Action / Instruction

ETA 7/1263 Dep 13/12/2013

here G.A

29/9/20 4/5 @ 7500 confirmed with Alan.

PED @ 13,934.26 65%.

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

+335.00

Transportation:

+50 x 3

) S + RS, SI

) Photos

+95.00

) Others

+80.00

TOTAL

+660

Report Format :

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

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$