

ASS. REC. BY:

Steve

REF:

CS3/LPC 209/2257/E4f3

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / IP / WS / IP RES / OD RES / EVA / INV / MY

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No:

Claims No. 19/20/20/VP05/023872

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

STN 716B

Yr Regn:

23/1/99

Type (M, Car / M, Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Tractor or

Make:

Honda Fit

c.c. 1339

Colour:

Red

A/C: Insured / Std / NI / N

Sp. Rending

186667

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

GE6-1159591

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brakes: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/4SR16

R:

11

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.

3/11/20

D.O.A.

10/11/20

Survey held at

Top 93

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

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

Date / Time Action / Instruction

MV-19K

Submit PRS.

Date/Time, File Pass to?

☐

: Prel. Report

12/11 Typist

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Weekend (\$

Rep. Form:

PRS

Lump Sum / L.B. / C.