

ASS. REC. BY:

Steve

REF:

CS/CT/2090 6723/XXXX Eyd3-1

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

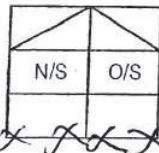
Excess:

(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 Rpt:

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:

SLE 73772

Yr Regn:

15/5/18

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

Truck / Trailer or

Make:

Honda Civic 1.5 Turbo

c.c 1498

Colour:

white

A/C:

Insured / Std / NI / NA

Sp. Reading

36661

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MRHFC 1660JT 000035

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

255/30R19

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.

23/6/20

D.O.I.

26/6/20

Survey held at

Precise Auto

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-93K

Repair range 6K-7K
10 repair days

SUBMIT L/S \$10,600.00 (RED: \$9200.00, 46%)

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2) 11/11/20 TYPIST

Days Of Repair: 12

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

Report Format:

Lump Sum / L/S (\$)