

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/MSG20012771/USD3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SKH84135

at Workshop m/s

focus

of

Insured:

YL1643D

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:

\$1800

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4 days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

gpe, 31-12-2020 NTA #626 net 1174
 Sol 1.5 mth.

26/11/20 Confirmed L/S \$1000 with MA way
 CF 6,184.30 Res - 86% 7

Veh No:

SKH84135

Yr Regn:

1106

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

Truck / Trailer or

Make:

Toyota wish

C.C

1794

Colour:

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

503691

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ZNE100277572

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:

R:

215/45-R17 kaperen

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.

16/11/20

D.O.I.

20/11/20

Survey held at

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

O/S frt.

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

Date/Time, File Pass to?

1)

07/11/20

Date/Time, File Return to?

2)



Prel. Report



Final Report

Days Of Repair:

4

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

) ___ S + RS, ___ SI

) Photos

) Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Report Format :

Lump Sum / I.B.I: (\$ 1,000/- L/S)