08/1/13 wef

ASS. REC. BY: Marcus

REF: CC6/111200/14209/Ups3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SKD6109E

at Workshop m/s Choo Motor

of

Insured: SHD 68244

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.**

N/S	O/S

Bal. or Market Value: $23k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 226 i Vehicle: IN / OUT

Date: Person Contacted: have GIA

Veh No: SKD6109E Yr Regn: 2/4/09

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or CA

Make: Honda Stream c.c 1799

Colour white A/C: Insured / Std / NI / NA

Sp.Reading 244506 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RN6108 4718

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65-R15

R:

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm

D.O.A. 20/12/20 D.O.I. 21/12/20

Survey held at

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

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

Date / Time	Action / Instruction
	cge until 31-3-2024 LTA $10 $19 Nett 1218
31/12/20	L/s $5000 Confirmed w.h Alan

Date/Time, File Pass to?

1) ☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation:) __S + RS __SI

) Photos

) Others

TOTAL