

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CC3/A1920008082/UTF3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SY 8003

at Workshop m/s

ASIA motor

of

Insured:

Policy No.

Claims No.

Sum Insured:

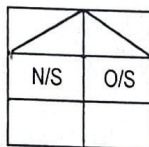
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

B 35800

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

Date / Time

Action / Instruction

22/7/20

47A & 30570 both.

No BT involved per lawyer PAs

SUBMIT LUMP SUM \$4000, 3DAYS

(RED: 2400;37%)

Veh No:

SY 800 B

Yr Regn:

25/1/11

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

Truck / Trailer or

CA

Make:

Mer Benz E250

c.c

1796

Colour

Brown

A/C:

Insured / Std / NI / NA

Sp. Reading

157296

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD 2120472 A359178

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:

245/45R17

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

TOYO / YOKO or

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

23/7/20

D.O.I.

5/8/20

Survey held at

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

24 N/S

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

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Days Of Repair: 3

Resurvey No. of Trip:

Survey Fee:

Transportation:

___ S + RS ___ SI

Photos

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format :

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

TOTAL