(08/11/13) wef

ASS. REC. BY: Marcus

REF: CCC/AIG21001027/Ups3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMC1066J

at Workshop m/s Specialists

of

Insured: SBG8804J

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: $58

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 8 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted: HA 29196

Veh No: SMC1066J Yr Regn: 26/6/18

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

Make: Honda Fit c.c 1317

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

Sp.Reading 30577 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GK3 1316456

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: 185/65R14

R: Yoko

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or CST tires.

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	20/1/21	D.O.I.	22/1/21

Survey held at —

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

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

Date / Time	Action / Instruction
	No BI Dep. 7500 Reject.

Submit P/P $5,118.32 (Red $10,372.58 // 67%) - Excluded check items $3,187.12

Date/Time, File Pass to? 1)

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to? 2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) ___S + RS, ___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

Report Format :

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

TOTAL