

(08/11/13) wef

REF:

CC4/A1621001429/Upa3

ASS. REC. BY: Marcus

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SLE7389P

at Workshop m/s

Aim

of

Insured:

Sum 32704

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:

\$ 81'

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4
20

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

W2D

Vehicle: IN / OUT

Date:

Person Contacted:

Dep 12/200

Date / Time

Action / Instruction

slight dmg. LTA 60062

19/2/21 2/5 & 3300 confirmed with Kelvin

Veh No:

SLE7389P

Yr Regn:

29/7/16

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

Truck / Trailer or

CA /

Make:

Honda Odyssey

C.C

235B

Colour:

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

69030

T/Radio: Insured / Std / NI / NA

Eng/No:

RC1 1109207

C/No:

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:

225/45 R 18

R:

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.

28/1/21

D.O.I.

1/2/21

Survey held at

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

Rear

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

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: 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