Assigned By: Gd. Veh: MSG CS3/MSG20013871/Gqd3-1

# ASSIGNMENT

From Date

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Bifrost Auto

of

Insured:

Policy No. 1001534569

Claims No. 250901

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:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

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

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMW4306S 1st Regn: 20 Nov 2020

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

Make: Honda vezel 1.5X c.c 1496

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

Sp Reading 1355 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RU1324937

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: 215/60R16

R: 4

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. 9 | mm | R/Bal. 9 | mm |
| L/Bal. 9 | mm | L/Bal. 9 | mm |
| D.O.A. | | D.O.I. 16-12-20 | |

Survey held at N/S 4:25 pm

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

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

| Date / Time | Action / Instruction |
|---|---|
| | $3000 - $4000 |
| | lump sum$3400,7days (red: 4100, 54%) |

Date/Time, File Pass to? ☐ : Preli. Report ☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 7

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($ ) ☐ : Interview ($ ) ☐ : Tech. Insp. ($ ) ☐ : Meeting ($ )

Survey Fee:

Transportation: $ + RS. SI

Photos

Others

Total