

ASSIGNMENT

Estimated Cost

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

Inspect Vehicle No:

Workshop m/s

Insured:

Policy No.

Claims No

20/21/21/VC00/024082

Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Actual or Market Value:

\$ ~~21K~~ 24K

DAC: Accident Report

Consistent?: Yes or No

SIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

5

days

Res.: Yes or No

Cum Sum:

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted

Vehicle IN / OUT

Date / Time

Action / Instruction

Cot: 18952

\$ 4000 - \$ 5000

27/04/21 Submit LS \$4600, 5 days. (Red \$2300, 33%)

Date/Time: File Pass In?

☐

Preli. Report

1) 27/04 Typist

☐

Final Report

Date/Time: File Return In?

TP

4600

Days Of Repair:

5

Resurvey No. of Trip:

Add'l Fee:

☐

Site Insp: (\$

☐

Interview: (\$

☐

Photo: (\$

Veh No: SKA61874

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

Truck / Trailer or

Make

Toyota Previa

cc 2362

Colour

Silver

A/C

Insured / Std / NI / NA

Sp Reading

150983

T/Radio

Insured / Std / NI / NA

Eng/No

C/No

JTEG054M30A02673

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 / Rim or

Tyre Size

F:

215 / 60 R16

R:

U

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

TOYO / YOKO or

Kap sen

Front

Rear

R/Bal

6

mm

R/Bal

6

mm

L/Bal

6

mm

L/Bal

6

mm

D.O.A.

D.O.I.

11-01-21

Survey held at

W/S

4:30pm

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

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