

(08/1/13) 'wel
ASS. REC. BY: Marcus

REF:

CC4/A1621006875/1193

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SMC 3179D
Profi

at Workshop m/s

of

Insured:

SKP 63D

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:

\$74k.

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

332h
Vehicle: IN / OUT

Date:

Person Contacted:

L7A834365

Veh No: SMC 3179D

Yr Regn:

28/6/18

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

Truck / Trailer or CA /

Make:

Toyota C-HR Hybrid c.c 1797

Colour

Grey

ATC: Insured / Std / NI / NA

Sp. Reading

143637

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

24X102/20204

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:

215/60R17

R:

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

TOYO / YOKO or

Kapsen

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

18/6/21

D.O.I.

23/6/21

Survey held at

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

O/S Frt &

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

Date / Time

Action / Instruction

10k.

29/6/21 confirmed L/S \$4000 with Edward.

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 (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) S + RS, SI

) Photos

) Others

TOTAL

Report Format :

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