ASS. REC. BY: Marcus | REF: CS/U01210/0042/Uqf3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMS6277A

at Workshop m/s Zoom

of

Insured: SKJ920L

Policy No.

Claims No. M12D16752110

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: $84k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS $636 Vehicle: IN / OUT

Date: Person Contacted: dep pk.

Veh No: SMS6277A Yr Regn: 05/03/20

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or CA1 Hybrid

Make: Honda Shuttle c.c 1496

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

Sp.Reading 150407 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GP7 2003045

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: 185/60R15

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	25/9/21	D.O.I.	28/9/21

Survey held at

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

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

Date / Time Action / Instruction

L14 # 38277

21/10/21 L/S $800 confirmed wh Elin (Red $3661.60, 82%)

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

1) 21/10 Typist ☐ : Final Report

Date/Time, File Return to?

2)

Report Format : TP

Lump Sum ~~/ LBL~~ ($ 800)

Days Of Repair: 2

Resurvey No. of Trip: 1

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

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

Survey Fee:	200
Transportation:	60
	80
	23
TOTAL	363