

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SLJ 6706M

at Workshop m/s

H.

of

Insured:

SMA 2533A

Policy No.

Claims No.

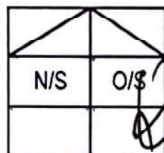
Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

438

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

12

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

3 004X

Vehicle: IN / OUT

Date:

Person Contacted:

Tel 7498 2nd

Veh No:

SLJ 6706M

Yr Regn:

26/12/08

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

Truck / Trailer or

CIA /

Make:

Hyundai Avante

c.c 1591

Colour

Red

A/C: Insured / Std / NI / NA

Sp. Reading

443760

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHDU41BR9U633843

Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/55-R16

R:

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

TOYO / YOKO or

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

13/10/21

D.O.I.

14/10/21

Survey held at

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

0/5 Body

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

Date / Time

Action / Instruction

Rep 5300

Corr UNCL 25-12-2028 LIA \$19840

No 2028 from SG car met

Not \$18160

22/10/21 4/5 @ 11.000 confirmed with Alan.

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:

) S + RS, \$

) Photos

) Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$