

ASS. REQ. BY:

REF:

SMD/210107814

Knf3

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No. CMTD2103102/MYE

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: \$80k

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMD 6064B Yr Regn: 08, 18

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

Truck / Trailer or

Make:

Toy A/T

cc

159P

Colour:

m. Blue

AG:

Insured / Std / NI / NA

Sp. Reading:

193384

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

NR053REH 80458777P

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / S/Rlm / STD A/Rlm or

Tyre Size:

F:

205/55R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal:

6

mm

R/Bal:

6

mm

L/Bal:

6

mm

L/Bal:

6

mm

D.O.A.

18/10/21

D.O.I.

20/10/2021

Survey held at

Des. of Damages: FTY Rear / Q/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

15/08/22 lump sum \$2600 and 2 days  
(red, \$2239.98/46%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 15/08/22

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

Lump Sum / I.B.I: (\$ 2600