

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.

D20MP0007335

Claims No.

Sum Insured:

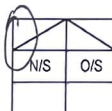
Excess:

600

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5
20

days

Res.:

Yes or No

Lum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

241E

Vehicle: IN / OUT

Date:

Person Contacted:

17A 40763

Date / Time

Action / Instruction Rep/116.

Veh No:

SLJ 3287A

Yr Regn:

05/10/16

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

Truck / Trailer or

Make:

Honda Civic

c.c

1597

Colour

s-blue

A/C:

Insured / Std / NI / NA

Sp. Reading

88290

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MRHFC5650GT000598

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ☒ Jammed / Leaked / Burnt orBrake: ☒ Jammed / Leaked / Burnt or

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

Tyre Size:

F: 215/55R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

21/10/14

D.O.I.

22/10/14

Survey held at

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

N/S frt.

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

Date/Time, File Pass to?

☐

Preli. Report

1) 01/11 Typist

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

5

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

) S + RS SI

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

)

Report Format: MER-OD

Lump Sum 424 (\$ 2600

TOTAL

23/10/14 1/5 @ 2600 confirmed with Bond (Red \$3151.60, 55%)