(08/11/13) wef

ASS. REC. BY: Marcus

REF: CS/111210/08520/Uqf3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLJ 3287A

at Workshop m/s hup motors

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.**

N/S	O/S

Bal. or Market Value: $65(x.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS 24HE

Vehicle: IN / OUT

Date: Person Contacted: LTA # 40763

Veh No: SLJ 3287A Yr Regn: 05/11/16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A)

Make: Honda civic c.c 1597

Colour silver 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: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/55 R16

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.	21/10/24	D.O.I.	22/10/24

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 Action / Instruction

23/10/24 4/S @ 2600 confirmed with David (Red $3151.60, 55%)

Date/Time, File Pass to? 1) 01/11 Typist ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2)

Report Format : MER-OD

Lump Sum ~~/ HB I~~ ($ 2600)

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Survey Fee:

Transportation: ___S + RS, ___SI

Photos

Others

TOTAL