

ASS. REC. BY: Tanpin

REF: CS/SMR21011038/T1uf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD TP WS TP RES OD RES EVA INV MV

To Inspect Vehicle No: SMC 518D

at Workshop m/s _____

of _____

Insured: SMB 139U

Policy No. _____

Claims No. BUS/10/21/7013

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: \$110K

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 8 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS WP

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMC 518D Yr Regn: 2018, June

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

Truck / Trailer or

Make: Honda Odyssey 2-4 c.c 2356

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

Sp. Reading: 46336 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMRC1890JC202577

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / Rim / STD / R/Rim or

Tyre Size: F: 215/55R17

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. _____ D.O.I. 28/10/21 @ 210pm

Survey held at 3 Motor Works

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

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

Date / Time	Action / Instruction
	<u>Repair Range: \$6000 - \$8000, 8 days.</u>
1/11/2021	<u>Submit PRS.</u>

Date/Time, File Pass to?

: Prelim. Report

Days Of Repair: 8

1) 1/11 TYPIST

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee:

: Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:

Transportation:

____ \$ + RS. ____ SI

Photos

Others

TOTAL

Report Format: TP

Lump Sum / I.C.F. (\$ _____)