(08/11/13) wef

ASS. REC. BY: Marcus

REF: CS3/SMO210.11127/Uvf3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMW 4040H

at Workshop m/s 3 Motorwerkz

of

Insured:

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMW 4040H Yr Regn: /

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

Make: Honda vezel c.c 1496

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

Sp.Reading 69923 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RU111114 34

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16

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.	1/11/21 @ 3pm.

Survey held at —

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

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

Date / Time	Action / Instruction
	Survey @ 3.00pm 04-06
	NO Estimate & GIA PRS

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:

Transportation:) ___S + RS,___SI

) Photos

) Others

TOTAL