ASE. BY:

REF: CC4 | GRB21011459 | Dgs3

ASSIGNMENT

From: Date:

Estimate Cost:

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

To Inspect Vehicle No:

at W/S m/s

of

Insured

Policy

Claims

Sum Insured: Excess:

(Claims Record)

Make Model:

(Policy Condition)

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

N/S	O/S

Bal. of Market Value:

- IDA.C Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SMZ 7876C Yr Regn: May 2021

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

Make: Honda Shuttle CC 1496

Colour: silver A/C: Insured / Std / RE / NA

Sp. Reading: 8850 T/Radio: Insured / Std / RE / NA

Eng/No: L15B6024232

C/No: GK82103660

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/60 R15

R: — " —

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Bridgestone

Front		Rear	
R/Bal 5 mm		R/Bal 5 mm	
L/Bal 5 mm		L/Bal 5 mm	

D.O.A 07/11/2021 D.O.I 09/11/2021

Survey held at CS Ong AMK

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

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

Date / Time	Action / Instruction
	TP SML 8865B
	MV 95K
	LTA 42K
	WL 53K

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

[ ] : Prel. Report

[ ] : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: [ ] : Site Insp ($) ___ $ + RS. ___ SI