

ASS. REC. BY:

REF:

ccg/ctu 210116701Kj

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SLZ6904Z

at Workshop m/s

Lim Pan Motor

of

Insured:

48614

Policy No.

Claims No.

Sum Insured:

Excess:

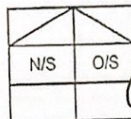
(Client's Record)

Make of Veh:

After 10.30am.

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03 days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLZ6904Z

Yr Regn:

05, 18

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

Truck / Trailer or

Make:

Honda Vezel

C.C.

1496

Colour:

M.B/Gdk

A/C: Insured / Std / NI / NA

Sp.Reading

42525

T/Radio: Insured / Std / NI / NA

Eng/No:

RUI 1232568

C/No:

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: 215/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9 mm

R/Bal.

9 mm

L/Bal.

9 mm

L/Bal.

9 mm

D.O.A.

13/11/21

D.O.I.

11/11/22

Survey held at

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

O/S Rear

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

Date / Time

Action / Instruction

23/11

8822-64 Cordon

Date/Time, File Pass to?

☐

Prel. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Rep. Form:

Lump Sum / H.R.

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs t\$

☐

Weel end t\$

Survey Fee:

Transportation:

Photos

Others

TOTAL