(08/11/13) wef

ASS. REC. BY: Marcus

REF: CS/CT1210124T/Uny3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMD4240Y

at Workshop m/s precise

of _____

Insured: XD224C

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
	2

Bal. or Market Value: 4 bok.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 1.3.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: LYA830812

Veh No: SMD4240Y Yr Regn: 18/8/18

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

Make: Hyundai Elantra c.c 1591

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

Sp.Reading 65624 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHD841CMJU703186

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: 195/65R15

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm

D.O.A. 26/11/21 D.O.I. 1/12/21 @ 10.45am.

Survey held at _____

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

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

Date / Time	Action / Instruction
	Dep $500 No Estimate PRS survey @ 10.45am.
7/12/21	Repair range $3500-$4500

Date/Time, File Pass to? _____ ☐ : Preli. Report ☐ : Final Report

1) _____

Date/Time, File Return to?

2) _____

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee: _____

Transportation: _____) S + RS _____ SI

) Photos

) Others

TOTAL