

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s VIN'S MOTOR

of

Insured:

Policy No:

Claims No:

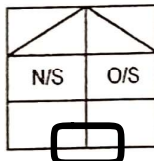
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value: \$92k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 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: SNC4703Y

Yr Regn: 22 Oct 2021

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

Truck / Trailer or

Make: HONDA SHUTTLE HYBRID 1.5 c.c 1496

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

Sp Reading: 8151 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GP72203332

Gen. Cond ☒ Good Fair / Poor / BurntSteering: ☒ norder Jammed / Leaked / Burnt orBrake: ☒ norder Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/60R15

R: 185/60R15

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

TOYO / ☒ OKO or

Front

Rear

R/Bal. 9 mm

R/Bal. 9 mm

L/Bal. 9 mm

L/Bal. 9 mm

D.O.A.

D.O.I. 29-12-2021

Survey held at W/S 12:30

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

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

Date / Time Action / Instruction

final figure: \$1977.60 and 4 days

(red, \$434.16, 18%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 18/07/22

☐

: Final Report

Date/Time, File Return to?

2)

Report Final:

Lump Sum / U/C / 1977.60

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech. Insp (\$☐ Meet end (\$

Survey Fee:

Transportation:

3 + RS. SI

Photos

Other:

TOTAL