

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SMM 6169K

at Workshop m/s

Imperial

of

Insured:

GBC 1767A

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:

\$ 78k.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

6

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

871D

Vehicle: IN / OUT

Date:

Person Contacted:

LTA 35088

Veh No:

SMM 6169K

Yr Regn:

05/07/19Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

CA /

Make:

Honda Shuttle Hybrid c.c. 1496

Colour

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

190091

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

GP 72001983Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195 / 55 R15

R:

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

TOYO / YOKO or

Falken

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

29/1/24

D.O.I.

31/1/24

Survey held at

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

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

Date / Time

Action / Instruction

3d 7hrs-6mth dep 10k.10/1/24 2/5 @ 9000 in Bomed shown.

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

16x15=240

240+170

50

50+50

145

705

Report Format :

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