

ASS. REC. BY:

REF:

SMR/22000123/kgf3

C

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

BUS/01/22/5066

Sum Insured:

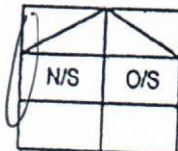
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

07/25

Person Contacted:

Vehicle: IN / OUT

Veh No:

STX 7965A

Yr Regn:

07, 10

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

Truck / Trailer or

Make:

Hyundai

1.45 c.c.

1998

Colour:

m.d. Brown

A/C:

Insured / Std / NI / NA

Sp. Reading

279355

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHLC41BMA160099

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm

STD A/Rlm

Tyre Size:

F:

Yoko

215/55R17

Wind Force

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

TOYO / YOKO or

Front

R/Bal.

3

mm

Rear

R/Bal.

7

mm

L/Bal.

3

mm

L/Bal.

7

mm

D.O.A.

3/1/22

D.O.I.

5/1/2022

Survey held at

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

N/S body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1

GIA not ready

23/1

11Rm @ 1700 Cnhw (Net \$ 8664.08, 84%)

Date/Time, File Pass to?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Survey Fee:

Transportation:

) S + RS. SI

) Fuel/Oil

) Others

TOTAL

Report Format:

TP

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

1700