

(08/11/13) wef

ASS. REC. BY: RasmREF: CS3/ASM2206064/Rcy 3**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

OD TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SMS 9039Bat Workshop m/s ENH SOON PAINTINGof 4, 90-100 m EST 393-3Insured: ASM

Policy No. _____

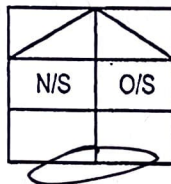
Claims No. _____

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: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

Veh No: SMS 9039B Yr Regn: /Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: HONDA VEZEL c.cColour: WHITE A/C: Insured / Std / NI / NASp. Reading: 096780 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: Ru11320955Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 16/01/22 D.O.I. 24/01/22Survey held at ENH SOONDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

ESTIMATE RANGE OF REPAIR / NO. OF DAY - (2K-3K) / 3 days

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair:

1)

☐ : Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

Survey Fee:

2)

Transportation:

Add Fee: ☐ : Site Insp (\$) S + RS SI☐ : Interview (\$) Photos☐ : Tech. Invs (\$) Others☐ : Weekend (\$)

Report Format :

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