

ASS. REC. BY:

Steve

REF:

CS3/ASM22000998/Evg3

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: SHD 166P

Policy No.

Claims No. S2M03RZT

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:

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SBG 1188A

Yr Regn:

13/1/18

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

Truck / Trailer or

Make:

Honda Shuttle

c.c 1496

Colour

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

107554

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

GP71120538

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 185/60R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

25/1/22

D.O.I.

7/2/22

Survey held at

MK Vehicle

11.00 am

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

Front RH

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

Date / Time	Action / Instruction
	MV-68X Repair range 1K-2K 3 days
8/2/22	Submit PRS, repair range \$1,000-\$2,000

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 8/2/22-typist

Days Of Repair: 3

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

\$ + RS. SI

Photos

Others

TOTAL

Report Format:

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