(08/11/13) wef

ASS. REC. BY: Marcus

REF: CS/MSG2200164G/Uvf3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMM 1810A

at Workshop m/s 200m

of

Insured: YN 9697K

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: ~~$~~ 68k.

IDAC Accident Rport: 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 462C

Vehicle: IN / OUT

Date: Person Contacted: LIA 82401

Veh No: SMM 1810A Yr Regn: 20/6/19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or CA/

Make: Honda FIT c.c 1317

Colour S.Iver A/C: Insured / Std / NI / NA

Sp.Reading 47170 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GK3 3417243

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/60R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Firenza

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.		D.O.I.	21/2/22

Survey held at —

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

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

Date / Time	Action / Instruction 29/8k.

/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

ort Format :

p Sum / I.B.I: ($)

Survey Fee:

Transportation: ___S + RS, ___SI

Photos

Others

TOTAL