

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CC4/ASM 22001648/4pa3**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SLH2735Rat Workshop m/s H.

of _____

Insured: SKQ 90537

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: 60k.

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 5 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or NoCA / REV / REP. / 24 HRS 801CDate: _____ Person Contacted: LTA 40368

Vehicle: IN / OUT

Veh No: SLH2735R Yr Regn: 28/10/16Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Toyota Wish c.c. 1798Colour: Gold A/C: Insured / Std / NI / NASp. Reading: 86456 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDAG20W10J025955Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front 6 Rear 6R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 19/2/22 D.O.I. 22/2/22

Survey held at _____

Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop orRear

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

Date / Time Action / Instruction Rep 11k.2/3/22 have GIA
1/5 45300 informed AGen.

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

Report Format :

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

TOTAL