ASS. REC. BY: Kenneth | REF: POW 22001803/Kgf3 | C

ASSIGNMENT

From: Date:
Estimated Cost:
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No:
at Workshop m/s Optima
of
Insured: 0442
Policy No.
Claims No. D22000512MFCV
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: 885k
IDAC Accident Rport: 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: Person Contacted: Vehicle: IN / OUT

Veh No: SMQ3356K Yr Regn: 11, 19
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or SA. wagon
Make: Honda Shuttle c.c 1496
Colour M. P. White A/C: Insured / Std / NI / NA
Sp.Reading 215868 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: GP7-2002614
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: Kapsen 185/60R15 Intertrac
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	20/2/22	D.O.I.	25/2/2022

Survey held at ✓
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or N/S body
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
28/2	11 Sp @ 140d Canhu Cred $ 1920.64, 58%)
11/3/22	@ 4.58pm revised to Fct by email.

Date/Time, File Pass to? 1) 11/3 [signature] ☐ : Prell. Report ☐ : Final Report
Date/Time, File Return to?
2)

Days Of Repair: 4
Resurvey No. of Trip:

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

Report Format: TP
Lump Sum / I.B.I: ($ 1400)

Survey Fee:	130
Transportation	50
$ - RS. SI	50
Fax	14
Others	
TOTAL	244