

ASS. REC. BY:

REF:

POL 2200180311cgb3

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / AP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. D22000512MFCV

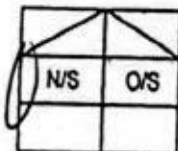
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 885K

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMQ 3356K Yr Regn: 11, 19

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

Truck / Trailer or WagonMake: Honda Shuttle c.c. 1496Colour: M.P. White AC: Insured / Std / NI / NASp. Reading: 215868 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GP7-2002614Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI S/Rim / STD A/Rim orTyre Size: Keppon 185/80R15Inter-trac

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

TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 20/2/22

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

28/12/21 21:40 Canhu CPed & 1920.64, 581.011/3/22 C 4.58pm revised to FCI by email.

Date/Time, File Pass to?

☐

: Prell. Report

1) 11/3/22

☐

: Final Report

Date/Time, File Return to?

2)

Report Format:

TP

Lump Sum / B.I. (\$) 1400Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$) _____

☐

: Interview (\$) _____

☐

: Tech Invs (\$) _____

☐

: Weekend (\$) _____

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

130

50

50

14

244