

ASS. REC. BY: TaughtREF: C33/ASM 2200/805/TVY3**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: SKN 6733A

Policy No. _____

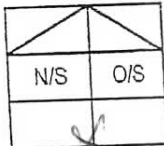
Claims No. S2M03U6F

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: 990K

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 WP

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SNC6129SYr Regn: 2018, Jan

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

Truck / Trailer or

Make: Honda Civic 1.5 turboc.c. 1498Colour: Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 39864

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRHFC1660H7000454

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: 215/50R17R: 1 -BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 23/2/2022Survey held at Gavage 13

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

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 24/2/22 0415pm

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

Date / Time Action / Instruction

28/2/22

Submit PRS, repair range \$5,000-\$6,000

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 28/2/22-typist

Rep. Format: _____

Lump Sum / L.B. / ()

Days Of Repair: 6

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL