(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC6/AIG2200327S/Upg3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLH1026K

at Workshop m/s Hochiew

of

Insured: GIC70&CU

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: $50k.

IDAC Accident Rport: Consistent? : **Yes** or **No**

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

Est. Repairs: 3 days Res.: **Yes** or **No**

Lum Sum: 1.3.1 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Date: Person Contacted:

275C

Vehicle: **IN / OUT**

Veh No: SLH1026K Yr Regn: 24/10/16

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

Make: Honda vezel c.c 1496

Colour Blue A/C: **Insured / Std / NI / NA**

Sp.Reading 126993 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: RU1120555-32

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: 215/60R16

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 07/04/22 D.O.I. 19/4/22

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
	Dep 10500
	No Second hand parts
	Cost plug 102
30/4/22	P/P $ 1352.50 informed Anysis

Date/Time, File **Pass** to?

1)

Date/Time, File **Return** to?

2)

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	