

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/7P 22004088/UVC

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:

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.

Bal. or Market Value:

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

Vehicle: IN / OUT

Date:

Person Contacted:

L7A550835

Veh No:

SMY9440T

Yr Regn:

31/03/21

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

Truck / Trailer or

CA / ASTINA

Make:

noza 3 M-Hybrid c.c 1496

Colour:

Red

A/C: Insured / Std / NI / NA

Sp. Reading

9925

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JM6BP2HAAM1107244

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:

215-45R18

R:

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.

26/04/22

D.O.I.

4/5/22

Survey held at

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

R1 N/S

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

Date / Time

Action / Instruction

10/5/22 4/5 85300 informed kenny (red 4021.28, 43%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 11/5/22-typist

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

170

Transportation:

50

) S + RS, SI

50+50

) Photos

82

) Others

80

TOTAL

482

Report Format : TP

Lump Sum / L.B. (\$ 5300)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$