

ASS. RECD. BY:

REF:

CT2³ / 220050301KV

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

EM

of

Insured: PC 8650R

Policy No. DM1SNW00012652101

Claims No. SNM22D203692/C02/CSC

Sum Insured:

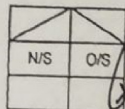
Excess:

(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 Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

09 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:

SEP 3689A

Yr Regn:

05, 17

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

Truck / Trailer or

Make:

Honda Shuttle

c.g

1498

Colour:

M-Black

A/C:

Insured / Std / NI / NA

Sp. Reading

76814

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

GKP - 1102894

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: ☒ S/Rim / STD A/Rim or

Tyre Size:

F:

Kapsen

185/60R15

R:

Arivo

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

TOYO / YOKO or

Front

R/Bal.

7

mm

Rear

R/Bal.

8

mm

L/Bal.

7

mm

L/Bal.

8

mm

D.O.A.

28/5/22

D.O.I.

27/5/2022

Survey held at

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

O/S body & u/c

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

Date / Time

Action / Instruction

17/6/22

EM not ready, PRS, move to OD claim.
EM repair u/c 26-7k

Date/Time, File Pass to?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

2) 17/6/22-typist

Days Of Repair:

9

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

) \$ + RS. \$

) Parts

) Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$