

ASS. REC'D BY: Marcus

REF:

CS/ FC12205554/4443

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:

4 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

L7A4 41972

Date / Time

Action / Instruction

Dep 1800

Veh No:

SL761734

Yr Regn:

03/11/17

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

Truck / Trailer or

Make:

Mazda Bionte

c.c 1998

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading

57185

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

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:

205/60R16

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.

09/06/22

D.O.I.

13/6/22

Survey held at

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

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

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

)

TOTAL

Report Format :

TP

Lump Sum / I. D.I: (\$5250/-)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

(7 x 15 = 105)

170 + 105

50

50 + 50

87

512

1/7/22 home. GIA L/S \$5250 informed Alen. (Red. 12,545.90, 70%)