(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC6/AIG 22006725/Upa3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLK2045H

at Workshop m/s ff.

of

Insured: SML31472

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: $56k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 127e

Vehicle: IN / OUT

Date: Person Contacted: LTA#30378

Veh No: SLK2045H Yr Regn: 09/01/17

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

Make: Honda City 1.5SV c.c 1497

Colour Red A/C: Insured / Std / NI / NA

Sp.Reading 189715 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MRHGM6660HP000483

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: 185/55 R16

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.	12/07/22	D.O.I.	14/07/22

Survey held at

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

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

Date / Time Action / Instruction Dep 11k.

28/7/22 2/5 $1000 in Bank Acct

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) ___S + RS, ___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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