

Theravan

CS3 / SMR22 001981 / U+3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

cl

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:

38k

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHB 9462A

Yr Rogn:

12/7/11

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

Truck / Trailer or

Make:

SHB 962 SHB 9462A

c.c 1998

Colour

White

A/C: Insured / Std / NI / NA

Sp. Reading

255049

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

FmteclulcmBA259304

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt

Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Modi: ☒ Nil / ☐ S/Rlm / ☐ STD AJR/m or

Tyro Size:

F:

215/55R17

R:

215/55R17

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.

25/2/22

D.O.I.

11/3/22

Survey held at

Leng Wang

Des. of Damages: ☒ Front / ☐ Rear / ☐ O/S / ☐ N/S / ☐ UIC / ☐ Roof/Top or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

MV: 38k

rebate: 19570

NU: 18430

rr: 3k-4k

03/08/2022 Submit LS \$2,600.00 ; 4 days

(Red. \$1,800.00 ; 41%)

Date/Time File Pass to?

☐

Procl. Report

1)

☐

Final Report

Date/Time File Return to?

Days Of Repair:

4

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Prints

Others

Total

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Vehicle (\$

Request Form:

Signature / Date: