

08/11/13 wef

ASS. REC. BY: Marcus

REF:

CS/U0122007390/Ucy3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: XE7002M

at Workshop m/s

moh lian

of

Insured:

YQS960K

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: \$320k.

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

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

Lum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

158J

Vehicle: IN / OUT

Date: Person Contacted:

LTAS36645

Veh No:

XE7002M

Yr Regn:

19/01/22

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

Truck / Trailer or

CM

Make:

Isuzu

CYH52T

c.c

15681

Colour

Green

A/C:

Insured / Std / NI / NA

Sp. Reading

21238

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JALCYH52TM7000117

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

275/70R225 (85)

R:

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

TOYO / YOKO or

Ana site (rear)

Front

Rear

R/Bal.

5/5 5/5 mm

R/Bal.

5/5 5/5 mm

L/Bal.

5/5 5/5 mm

L/Bal.

5/5 5/5 mm

D.O.A.

21/06/22

D.O.I.

7/9/22

Survey held at

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

Rear

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

Date / Time

Action / Instruction

28/9/22 P/P \$1300 in hand s. hu: (Red 4600, 78%)

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$

) S + RS. SI



: Interview (\$

) Photos



: Tech. Invs (\$

) Others



: Weekend (\$

)

Report Format: TP

Lump Sum / I.B. (\$1300)

TOTAL

210
60
80
51
401

41022