

(08/11/13) wef
ASS. REC. BY: Marcus

REF:

CS/SM022008354/4ny3

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:

(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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Date / Time

Action / Instruction

27/9/20

06/09/22 Marcus confirmed lump sum: \$1800 and 4 days
(red, 6913.56, 79%)

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

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.

Rear

R/Bal.

L/Bal.

D.O.I.

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

☐ Weekend (\$

) S + RS. SI

) Photos

) Others

TOTAL

Date/Time, File Pass to?

1) 06/09/22

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: (\$ 1800)

☐ : Preli. Report

☐ : Final Report