

ASS. REC. BY:

REF:

ASM/ 22008465/KG43

C

Kenneth

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:

857K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

12

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PSV 786G

Yr Regn:

11, 08

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

Truck / Traller or

Make:

M. E200

c.c

1796

Colour

M. Gray

A/C: Insured / Std / NI / NA

Sp. Reading

161030

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDB 211 0 412 B 342320

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD / Rlm or

Tyre Size:

F:

245/45 R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal.

7

mm

Rear

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

27/8/22

D.O.I.

31/8/2022

Survey held at

11.45am

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

4/10 21 Rm 816, 2006 Cabnet Used 18615.27, 53%.

Date/Time, File Pass to?

☐

Prel. Report

1) 13/10 10:00 AM

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

12

Resurvey No. of Trlp:

2

Survey Fee:

Transportation

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format:

Smart Claims - TP

Lump Sum / L.B.I. (\$

16200