ASS. REC. BY: GQ | REF: SGK

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s KAH MOTOR

of

Insured:

Policy No.

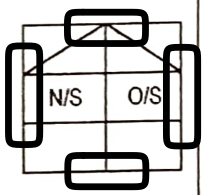
Claims No.

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: $102k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 25 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: EK161B Yr Regn: 18 Nov 2019

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

Make: HONDA HRV 1.5 LX c.c 1496

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

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

Eng/No:

C/No: JHMRU1830JX202184 *

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt or

Brake: **Inorder** / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / **STD A/R**m or

Tyre Size: F: 215/60R16

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.			D.O.I.	01-09-2022	

Survey held at W/S 3:30PM

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / LEB:

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Survey Fee:	
Transportation:	
___S + RS.___SI	
Photos	
Other:	
TOTAL	