

ASSIGNMENT

From:

Date:

Veh No:

SLU645L

Yr Regn: 14 Jan/2008

Estimated Cost:

Type ☒ M.Car ☐ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /OD ☒ TP ☐ N/S / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No:

Make:

HONDA S2000 2.2

c.c 2156

at Workshop m/s

BIFROST AUTO

Colour

Yellow

A/C: Insured / Std / NI / NA

of

Sp. Reading

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

AP21100192

Claims No.

Gen. Cond ☒ Good ☐ Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: ☒ Inorder ☐ Jammed / Leaked / Burnt or

(Client's Record)

Brake: ☒ Inorder ☐ Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil ☒ S/Rim ☐ STD A/Rim or

(Policy Condition)

☒	☐
N/S	O/S
☐	☒

Remark: The veh had commenced its repair at the time of inspection.

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

TOYO / YOKO or

Bal. or Market Value: \$145k

Front

Rear

IDAC Accident Rpt: Consistent? : Yes or No

R/Bal. 6 mm

R/Bal. 6 mm

GIA / PR Seen: Consistent? : Yes or No

L/Bal. 6 mm

L/Bal. 6 mm

Est. Repairs: 5 days Res.: Yes or No

D.O.A.

D.O.I. 13-09-2022

Lum Sum: 20 % 3 Val.: Yes or No

Survey held at W/S 4:30PM

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

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

N/S FRONT O/S REAR

Date: Person Contacted:

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair:

1)

☐ : Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$

Survey Fee:

Transportation:

3 + RS. SI

Photos

Other:

TOTAL

Report Filed:

Long Cond / MPB: