

ASS. REC BY: Touffin

REF:

03/ASM-22008946/Twy 3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD TP / IS / 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.

N/S	O/S

Bal. or Market Value: _____

\$95K.

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

days

Res.: Yes or No

Lum Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

WP - PRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMN 654k.Yr Regn: 2019, July

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

Truck / Trailer or

Make: Honda Shuttle Hybrid

c.c

1496.Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 63661

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GP72002304*Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / SRim / STD A/Rim orTyre Size: F: 185/60R15R: 2 -

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

TOYO / YOKO or

Rapid.

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 15/11/220230pm.Survey held at 4 stop Garage

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

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

Date / Time

Action / Instruction

Repair Range: \$3500 - \$4500, 6 days

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$

Photos

Others

TOTAL

Add Fee: ☐

: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Repair Format: _____

Lump Sum / L.B.L. /