

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. D22003020MFBP

Sum Insured:

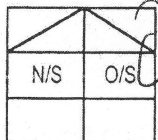
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

\$ 15k.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

f702

Vehicle: IN / OUT

Date:

Person Contacted:

L7A # 4533

Veh No:

SJN9068D

Yr Regn:

04/03/09

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

Truck / Trailer or

CA

Make:

Honda stream

c.c

1799

Colour:

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

179374

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

RN6 108 4026

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/65-R15

R:

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

TOYO / YOKO or

westlake

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

26/09/22

D.O.I.

28/09/22

Survey held at

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

O/S Rpt.

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

Date / Time

Action / Instruction

Dep 10k.

11/10/22 1/5 \$ 1600 informed Alon. (red 4079.70, 71%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 12/10/22-typist

Days Of Repair:

2

Resurvey No. of Trip:

2

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

140 135

Transportation:

50

) S + RS, SI

50+50

) Photos

76

) Others

Report Format : TP

Lump Sum / L.B. (\$ 1600

TOTAL

361

361