

ASSIGNMENT

From:

Date:

Estimated Cost:

OD (TP / WS / TP RES / OD RES / EVA / INV / MV)

To Inspect Vehicle No:

SLE5906K

at Workshop m/s

Lee bahn

of

Insured:

SKH7J

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:

\$60k.

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

4  
20

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

C 1572

Date:

Person Contacted:

LYN 32297

Vehicle: IN / OUT

Veh No:

SLE5906K Yr Regn: 27/07/16

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

Truck / Trailer or

CA /

Make:

Mazda 5

c.c

1998

Colour:

Brown

A/C:

Insured / Std / NI / NA

Sp. Reading

55889

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JM6CW107160124110

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:

205/55 R16

R:

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

TOYO / YOKO or

ZAUH

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

30/09/22

D.O.I.

17/10/22

Survey held at

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

207 13500

17/10/22 4/5 @ 6500 informed MR Lee

Date/Time, File Pass to?

: Preli. Report

Days Of Repair:

1)

: Final Report

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

Add Fee:

: Site Insp (\$

) \_\_\_ S + RS. \_\_\_ SI

: Interview (\$

) Photos

: Tech. Invs (\$

) Others

: Weekend (\$

)

Report Format :

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

)

TOTAL

Date: