

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SMP 2696R

at Workshop m/s

focus

of

Insured:

6313939X

Policy No.

Claims No.

Sum Insured:

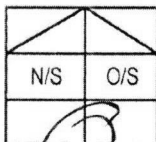
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

\$82K.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

8

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

376e

Vehicle: IN / OUT

Date:

Person Contacted:

L7A 34003

Date / Time

Action / Instruction

27/11K.

Veh No:

SMP 2696R

Yr Regn:

19/09/19

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

Truck / Trailer or

CA

Make:

Honda Shuttle Hybrid c.c 1496

Colour:

white

A/C:

Insured / Std / NI / NA

Sp. Reading

109248

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

GP7 200 6103

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: MD / STD / STD A/Rim or

Tyre Size:

F:

185/60215

R:

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

TOYO / YOKO or

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

08/10/22

D.O.I.

12/10/22

Survey held at

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

Rear & Rear wheel screen shattered

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

21/10/22 L/S # 9600 informed MR way CRK \$ 6488.48, 40%)

Date/Time, File Pass to?



: Preli. Report

1) 21/10 12:00



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

8

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

) S + RS. SI

) Photos

) Others

TOTAL

(6 x 15)

170 + 90

50

50 + 50

145

555

Report Format :

TP

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

9600

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech. Invs (\$

: Weekend (\$

21/10/22