

ASSIGNMENT

From:

Date:

Estimated Cost:

Veh No:

5JH7591D

Yr Regn:

22/08/08Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /OD TR / WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

CA

To Inspect Vehicle No:

5JH7591D

Make:

HondaFit

c.c

1339

at Workshop m/s

hochscheid

Colour

white

A/C:

Insured / Std / NI / NA

of

Sp. Reading

Bottoming Stop

T/Radio:

Insured / Std / NI / NA

Insured:

PC 3069C

Eng/No:

Policy No.

C/No:

GE 61096367

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Order / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

Tyre Size:

F:

205/45ZR16

R:

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:

87k.

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

5

mm

R/Bal.

5

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

5

mm

L/Bal.

5

mm

Est. Repairs:

days

Res.:

Yes or No

D.O.A.

11/10/22

D.O.I.

31/10/22

Lum Sum:

%

3 Val.:

Yes or No

Survey held at

CA / REV / REP. / 24 HRS

2926

Vehicle: IN / OUT

Date:

Person Contacted:

L7A92757

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

Rear & Rpt.

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

Date / Time Action / Instruction

TOTAL LOSS confirmed 21-08-2023bal 10mth plus. Rep/ok.11/11/22 offer wksp mv 87k.

01/11/22 submit extensive total loss

mv: 7k

lta: \$2757

nett value: \$4243

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

1) 01/11/22

☐

: Final Report

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

Add Fee:

☐

: Site Insp (\$

) \$ + RS. SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format : extensive total loss

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

TOTAL