

(08/11/13) wof

ASS. REC. BY:

REF:

CS/SMR2011662/Gr43

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD TP/WS/TP RES/OD RES/EVA/INV/MVTo Inspect Vehicle No: GBK 908A

at Workshop m/s _____

of _____

Insured: SHD 6080C

Policy No. _____

Claims No. TAX/11/22/2027

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: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBK 908A Yr Regn: 1 / 2019

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

Truck / Trailer or _____

Make: mit L200 Double Cab 2.4MT 2442Colour: Black A/C: Insured / Std / NI / NASp. Reading: 14/945 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: mmCJIKLJ0JH * 016368Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205 / R16CR: "BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 13/11/22 D.O.I. 28/11/22

Survey held at _____

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

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

Date / Time Action / Instruction

9/2/23 LS \$3200 confirmed by email (Red 11, 056.90, 77%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 10/2/23-typist

Report Format : TPLump Sum / L.B. (\$) 3200Days Of Repair: 5Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL