

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SMH5353C
Sme

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

\$750

(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:

\$65k.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lum Sum:

1.3.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

013k

Vehicle: IN / OUT

Date:

Person Contacted:

L7A470820

Date / Time

Action / Instruction

Dep 10k.

Veh No:

SMH5353C

Yr Regn:

25/01/19

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

Truck / Trailer or

(A)

Make:

Toyota

Tank

c.c

996

Colour

Red

A/C:

Insured / Std / NI / NA

Sp. Reading

81890

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

M900A0182107

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

165/65-R14

R:

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

TOYO / YOKO or

FALKEN

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

29/11/22

D.O.I.

2/12/22

Survey held at

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

Rt O/S.

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

Date/Time, File Pass to?

18/01/2023

1) typist

Date/Time, File Return to?

2)

☐

: Preli. Report

☒

: Final Report

Days Of Repair:

4

Resurvey No. of Trip:

Survey Fee:

Transportation:

) __S + RS__ SI

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$) I.B.I \$4,398.00

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

18/1/23

No second hand parts repairer want p/p
PIP 4398 inform AH ying @ 4 days (Red \$6,474.00/60%)