

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/TP23000153/UG43

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SML545C

at Workshop m/s

Bwy

of

Insured:

Policy No.

Claims No.

Sum Insured:

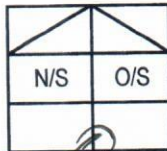
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

885k.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

6 days

Res.: Yes or No

Lump Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

5-776

Vehicle: IN / OUT

Date:

Person Contacted:

LY4833701

Veh No:

SML545C

Yr Regn:

02/05/19

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

Truck / Trailer or

Make:

Honda HRV

c.c

1496

Colour

Red

A/C:

Insured / Std / NI / NA

Sp. Reading

103507

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JH/MRU1830JX201566

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:

215/60R16

R:

BS / DUN / EXNOVA / CY / FS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

30/12/22

D.O.I.

06/01/23

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

Dep 12/11

26/1/23

N/A
informed Kenny 2/5 5300 (Red 429.52, 442)

Date/Time, File Pass to?

☐

Preli. Report

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee:

☐

Site Insp (\$

) S + RS, SI

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

)

Report Format :

TP

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

5300

TOTAL

170

50

50 + 50

110

80

510