

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS3/SM022007586/UC**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMM 64247at Workshop m/s Oohrey 0631

of _____

Insured: GBL 5454D

Policy No. _____

Claims No. _____

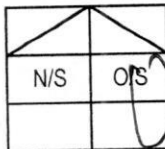
Sum Insured: _____

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: \$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: 20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

C 309M

Vehicle: IN / OUT

Date: _____

Person Contacted: LTA 22400Veh No: SMM 64247Yr Regn: 08/07/19Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Mit Attragec.c. 1193Colour: Silver

AC: Insured / Std / NI / NA

Sp. Reading: 132754

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MMBSTA13AKH 002111Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/50 R15

R: _____

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

TOYO / YOKO or Wanli

Front

Rear

R/Bal. 7

mm

R/Bal. 7

mm

L/Bal. 7

mm

L/Bal. 7

mm

D.O.A. 06/08/22D.O.I. 10/8/22

Survey held at _____

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

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

Date / Time

Action / Instruction

Reg 9k.No Estimate P/RSurvey on 10-08-22 @ 1.20pm.Resurvey Disruption on 12-08-22 @ 11.38am.After repair on 15-08-22 @ 9.45am.Submit Repair report 2-3k.Rear door R/H \$839 lock 325regular - 133 - motor 394 from 253

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

) S + RS, SI

) Photos

) Others

TOTAL

Report Format :

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

Add Fee:

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech. Invs (\$ _____)

☐

Weekend (\$ _____)