

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/HHA23001283/4wy3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SLF 8414M

at Workshop m/s

Sml

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

600

(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:

458k.

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lum Sum:

13.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

LTA 33640

Veh No:

SLF 8414M

Yr Regn:

13/09/16

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

Truck / Trailer or

CA /

Make:

Toyota wish 1.8 c.c 1798

Colour:

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

54737

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDG620W80J005080

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

off road

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15-

R:

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

TOYO / YOKO or

Front

6

Rear

6

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

04/02/23

D.O.I.

08/02/23

Survey held at

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

O/S dnd & O/S Ree

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

Date / Time

Action / Instruction

207 / 3800

1/3/23

N2 second hand parts

P/P R10838.60

in hand AH ying

please send meritor to Sme AH ying

@ 04 days (Red \$ 169.00/ 2%)

Date/Time, File Pass to?

03/03/2023

1) Typist

Date/Time, File Return to?

2)

☐

: Preli. Report

☒

: Final Report

Days Of Repair: 04

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

) S + RS. SI

) Photos

) Others

TOTAL

Report Format : OD

Lump Sum / I.B.I.: (\$ P/P \$10,838.60)