

ASS. REC. BY:

REF:

FC2/230019P8/kny3

C

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

04-53 Carros

329A

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:

\$56K

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SM14 7122P

Yr Regn:

11, 16

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

Truck / Trailer or

Make:

Honda HRV

c.c

1498

Colour

M.D. Gray

A/C:

Insured / Std / Nil / NA

Sp. Reading

77947

T/Radio:

Insured / Std / Nil / NA

Eng/No:

C/No:

JHMRU1810GX 201291

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

215/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

19/2/23

Rear

R/Bal.

3

mm

L/Bal.

3

mm

D.O.I.

7/3/2023

Survey held at

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

Rear N/S

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

Date / Time

Action / Instruction

16/6 11:00 @ 3000L Carros (Red. \$ 9792.80, 7670)

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

4

Resurvey No. of Trlp:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation

S - RS, SI

Fees

Others

2x15=30

170+30

50

50+50

29

TOTAL

379

Report Format :

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