(08/11/13) wef

ASS. REC. BY: Marcus

REF: CS/ FC/ 23002142/Ung3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMM 661A

at Workshop m/s ZOOM

of

Insured: FBS 4309L

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.**

N/S	O/S

Bal. or Market Value: 87 8k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 1.3.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 5 Wge

Vehicle: IN / OUT

Date: Person Contacted: LTA 9350 28

Veh No: SMM 661A Yr Regn: 12/06/19

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

Truck / Trailer or CA/

Make: Hond. Shuttle Hybrid 1496

Colour Black A/C: Insured / Std / NI / NA

Sp.Reading 205568 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GP7 2006303

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: 205/45R16

R:

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

TOYO / YOKO or Giti

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	24/02/23	D.O.I.	7/3/23

Survey held at

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

O/S Rr.

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

Date / Time	Action / Instruction
	Beg 12k. high mileage
4/4/23	PIPA 1000 inbound Elias (Rec. # 5663.84, 85%)

Date/Time, File Pass to?

1) 4/4/23

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Report Format : TP

Lump Sum / I.B.I: ($ 1000)

Survey Fee:	145
Transportation:	50
S + RS. SI	50
Photos	54
Others	
TOTAL	299