ASS. REC. BY:

Smf

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / UNV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: HSBC

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehc _____

(Policy Condition)

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

N/S | O/S

Bal. or Market Value: $ 61K

IDAC Accident Report: _____ Consistent ? : Yes or No

GIA / PR Seen: _____ Consistent ? : Yes or No

Est. Repairs: 6 days Rear: Yes or No

Lump Sum: 20 % 3 Veh: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLJ2959B Yr Regn: 2/DEC/2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toyota Wish c.c. 1798

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

Sp.Reading: 216997 Yr Radio: Insured / Std / NI / NA

Eng No: —

C/No: JTDGG20W30J005665

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Mod: NIL / S/Rim / STD Alrim; or _____

Tyre Size: F: 215/50R17

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
U/Bal.	6 mm	U/Bal.	6 mm

D.O.A: 13/23 D.O.I: 31/3/23 2pm

Survey held at Soon Seng Motors

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

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

Date / Time	Action / Instruction
	5350

Balance: 45K
yearly: 15K
MV: 6K
NV: 29K

High mileage.
ARF 5%: 9477

Date/Time, File Pass to? _____

1) _____

Date/Time, File Return to? _____

2) _____

☐ : Profil Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format: _____

Lump Sum / LBJ: ($ _____)

Survey Fee:	
Transportation:	
Photos:	
Others:	
TOTAL	