

(08/11/13) wef

ASS. REC. BY: *Marcus*

REF:

*CS/EQ123002612/Uguz***ASSIGNMENT**

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SVV 2925J

at Workshop m/s

EEvolve Ave.

of

Insured:

SKL 755L

Policy No.

Claims No.

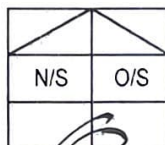
Sum Insured:

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:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SVV 2925J

Yr Regn:

/

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

Truck / Trailer or

CA

Make:

Honda Odyssey

C.C

2358

Colour

Black

A.C:

Insured / Std / NI / NA

Sp. Reading

152461

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

*JHMRC1890FC204818*Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S / Rim / STD A/Rim or

Tyre Size:

F:

215/55 R17

R:

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

TOYO YOKO or

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

08/03/23

D.O.I.

18/3/23

Survey held at

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

Rear

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

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 (\$