

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CC6/CT#23003482/U293

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMR1407Eat Workshop m/s RP

of _____

Insured: SL 27634X

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: \$80k.

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 5 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

573G

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMR1407E Yr Regn: 20/11/19Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Toyota v.i.o. c.c. 1496Colour: S.h A/C: Insured / Std / NI / NASp.Reading: 18298X T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR2B23F3001194263Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/60R15

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. 6 mm L/Bal. 6 mmD.O.A. 03/04/23 D.O.I. 4/4/23

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	Action / Instruction
	<u>21/4/23</u> <u>4/5</u> <u>\$5-200</u> <u>independent report</u>
	<u>21/4/23</u> <u>4/5</u> <u>\$5-200</u> <u>independent report</u>
	<u>21/4/23</u> <u>4/5</u> <u>\$5-200</u> <u>independent report</u>
	<u>21/4/23</u> <u>4/5</u> <u>\$5-200</u> <u>independent report</u>
	<u>21/4/23</u> <u>4/5</u> <u>\$5-200</u> <u>independent report</u>
	<u>21/4/23</u> <u>4/5</u> <u>\$5-200</u> <u>independent report</u>
	<u>21/4/23</u> <u>4/5</u> <u>\$5-200</u> <u>independent report</u>
	<u>21/4/23</u> <u>4/5</u> <u>\$5-200</u> <u>independent report</u>
	<u>21/4/23</u> <u>4/5</u> <u>\$5-200</u> <u>independent report</u>

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I. (\$) _____

☐

: Preli. Report

☐

: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

170 + 60

50+50+50

130.00

80.00

590.00