

PG117

REF:

CS3/INC23001755/Swy3-1

ASS. REC. BY:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspcd Vehicle No: _____

at Workshop m/s _____

of _____

Insured: Inc

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

Est. or Market Value: _____

IDAC Accident Report: _____

Consistent? Yes or No

GIA / PR Seer: _____

Consistent? Yes or No

Est. Repairs: 4 days

Rest: Yes or No

Lump Sum: 70 %

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN/OUT

Veh No: SmE H403P

Yr Regn: 21/Oct/2016

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

Truck / Trailer or

Make: honda

CC: 1496

Colour: Black

A/C: Insured / Std / NI / NA

Sp. Reading: 305723

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/Nr: 3hmcv18106x200442

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / Rim, or

Tyre Size: F: 215/55R17

R: _____

BS / DUN / EDNOVA / GY / FS / LZA / AG / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal: 5 mm

R/Bal: 5 mm

L/Bal: 5 mm

L/Bal: 5 mm

D.O.A. 28/1/23

D.O.I. 16/4/23 130

Survey held at RS garage

Des. of Damages: Frt / Rear / BS / N/S / W/C / Rooftop or

REAR O/S

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

Date / Time Action / Instruction

24/05/2023 Submit L/S \$2,800.00 @ 4 days (Red \$3,400.00/55%)

Date/Time, File Pass to?

24/05/2023

1) typist

Date/Time, File Return to?

2)

Report Format: Paper Survey

Lump Sum / I.B.I: (\$ \$2,800)

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee:

☐ Site Insp (\$ _____)

☐ Interview (\$ _____)

☐ Tech. Invs (\$ _____)

☐ Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS: \$ _____

Photos: _____

Others: _____

TOTAL