

ASS. REC. BY: Tauph

REF:

CS3/GRB23005761/7up3.

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

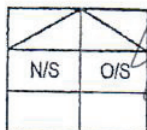
Sum Insured: _____

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: 982K

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 7 days

Res.: Yes or No

Lum Sum: _____ %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNH81525Yr Regn: 2018, May

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

Truck / Trailer or

Make: Honda HRVC.C. 1496Colour: Silver

A/C: Insured / Std / NI / NA

Sp. Reading: 124971

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMRU18106X204189Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim or

Tyre Size: F: 215/60R16R: 77

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

TOYO / YOKO or

Front

R/Bal. 6 mm

Rear

R/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 8/6/21 @ 11/15Survey held at Greene Seng

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

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

Date / Time	Action / Instruction
	<u>Repair Range : \$7000 - \$8000, 7 days</u>

Data/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 7

1)

☐ : Final Report

Resurvey No. of Trip: _____

Data/Time, File Return to?

2)

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS \$ _____

Photos

Others

TOTAL

Rep. Format: _____

Lump Sum / L.P.A. (T _____)