

ASS. REC. BY:

REF:

1-5B / 2300841P/KV

Kenneth

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: SHC 1058S

Policy No.

Claims No. S3M04NN0

Sum Insured:

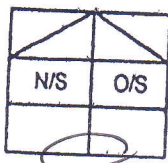
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

858K

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

4 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

04/29

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SPP 250M

Yr Regn:

05, 09

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

Truck / Trailer or

Make:

Hyundai

Ava

C.C.

1591

Colour

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

189683

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KM14DU 41BR 94 757000

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/65R15

R:

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

Front

Rear

R/Bal.

P

mm

R/Bal.

7

mm

L/Bal.

P

mm

L/Bal.

7

mm

D.O.A.

23/6/23

D.O.I.

3/7/2023

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 / PRS, no documents given

5/7/23

EH repair com 83-4K

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

2) 5/7/23-typist

Days Of Repair: 4

Resurvey No. of Trlp:

Survey Fee:

Transportation

S + RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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