

ASS. REC. BY:

NA2

REF:

HSBC

## 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.

|     |     |
|-----|-----|
| N/S | O/S |
|     |     |

Bal. or Market Value: 72K

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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SMC 5616X Yr Regn: 11 MAY.2016

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

Truck / Trailer or

Make: TOYOTA HARRIER 2.0 c.c. 1986

Colour: WHITE AC: Insured / Std / NI / NASp. Reading: 93,440 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: 2SU600068963

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 245/45 R20

R: 11

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 30/6/2023 D.O.I. 6/7/2023

Survey held at Vicon KAE LBT

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

O/S REAR

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

| Date / Time | Action / Instruction   |
|-------------|------------------------|
|             | COE Rebate \$32,596.00 |
|             | Repair Limit \$37K     |
|             | Repair Range 3-4 days  |
|             |                        |
|             |                        |
|             |                        |
|             |                        |
|             |                        |
|             |                        |
|             |                        |
|             |                        |

Date/Time, File Pass to?

☐

Prel. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ + RS, \$

Photos

Others

TOTAL

Report Format :

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

HSBC L/S