REF: C72/ CS3/CTI24090487/Kvh3

ASS. REC. BY:

ASSIGNMENT

Kenneth

From:	Date:
Estimated Cost:	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	
To Inspect Vehicle No:	Revol
at Workshop m/s	
of	
Insured: SNS 5707X	
Policy No.	
Claims No. SNM24D205411	
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: 31k (3/10/24 Kenneth)

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 13 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLH 3760K Yr Regn: _____ , 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Volkswagen Jetta c.c 1390

Colour: M. Gold A/C: Insured / Std / NI / NA

Sp.Reading 89828 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVW 88187 GM 010243

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: NII / S/Rim / STD A/Rim or _____

Tyre Size: F: _____

R: 225/45R17

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	8 mm
L/Bal.	5 mm	L/Bal.	8 mm
D.O.A.	1 / 12	D.O.I.	30/9/2024

Survey held at _____

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
	PRS, no documents given
4/10/24	E H repair con $1-U/c

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____

S + RS.__ SI

F. RS

Others

TOTAL