

ASS. REC. BY:

REF: C721 CS3/CTI24100101/Kvp3Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s 1 Hiep Lekof 418JInsured: YM 9833P

Policy No. _____

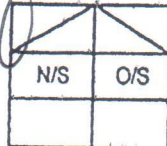
Claims No. SNM24D205564

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: \$23k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLA 42480 Yr Regn: 02 16

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

Truck / Trailer or

Make: NIS Qashgai c.c. 1997Colour: M.P. White A/C: Insured / Std / NI / NASp. Reading: 78554 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STNI-BATIU. 1594257Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/45 ER19

R: _____

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

TOYO / YOKO or

Falken

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 2/10/24D.O.A. 4/10/2024

Survey held at _____

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

N/S

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

Date / Time Action / Instruction

8/10/24	PRS Est repair cost \$5-7k
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Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 4

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Survey Fee:

Transportation

S + RS. SI

Fees

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Report Format :

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