(DB): NERON

ASS. REC. BY: NAZ

REF: SMO

L/S

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SKX 1759G

at Workshop m/s KAN FOOK SING MOTOR WORKSHOP

of BLK 8 JTC DEFU IND CITY #04-29 5533758

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: TBA

(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: 30K

IDAC Accident Rport: _____ 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

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

Veh No: SKX 1759G Yr Regn: 29 NOV 2015

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

Make: KIA SORENTO 2.4(A) GDI c.c 2,359

Colour RED A/C: Insured / Std / NI / NA

Sp.Reading N/A T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAPH813MG513·9246

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: 235/60 R18

R: "

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

Front		Rear	
R/Bal.	N/A mm	R/Bal.	8 mm
L/Bal.	N/A mm	L/Bal.	8 mm
D.O.A.	6/10/2024	D.O.I.	8/10/2024

Survey held at KAN FOOK SING

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

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

Date / Time	Action / Instruction
	COE REBATE = $24 999.00 SMO L/S
	Repair Limit = 5K
	Vehicle badly burnt. Uneconomical to repair. Recommend total loss.

Date/Time, File Pass to? 1) _____

Date/Time, File Return to? 2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation: ___S + RS___SI	
Photos	
Others	
TOTAL	