Asst. Ref: REF:

ASSIGNMENT

From: Date:

Estim Cost:

OD / TPFT / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop/s

at

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:

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMA3593B Yr Regn: 2018, July.

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

Make: Kia Carens C.C 1685

Colour Red. A/C Insured / Std / NI / NA

Sp.Reading 120877 = T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNAH4815VJ7208163

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16

R: 205/55R16

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	28/10/24.

Survey held at Xin Yun.

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

Rear O/S.

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

Date / Time	Action / Instruction
	TP 1st Cap.
	MV : 50K
	PV : 26.3K
	Nett : 23.7K

COE Expiry :

Estimate given during : Yes ( )

1st Survey : No ( )

636F

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Report Format :

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:	
Transportation: $ + RS $	
Photos	
Others	