

ASS. REC. BY:

REF:

TP /

CS/TP 24110021 / Kv3 m4

Kenneth

ASSIGNMENT

04/06/2021
06/21

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:

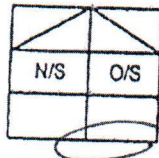
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05

days

Res.:

Yes or No

Lump Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SNA 14104

Yr Regn:

06/21

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

Truck / Trailer or

Make:

Hyundai Kang

c.c

1580

Colour

N. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

238158

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KM14K281 EVMA 070447

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:

215/55R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

2

mm

R/Bal.

2

mm

L/Bal.

2

mm

L/Bal.

2

mm

D.O.A.

16/9/24

D.O.A.

1/10/2024

Survey held at

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

4/9 21Ry 84400L Canbu (Rec 49FI-65 5070)

Date/Time, File Pass to?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

5

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Fees

Others

170 + 50 (new assignment)

50

50

25

80

TOTAL

425

Report Format :

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