CS/CTI25010022/Rvh3

(08/11/13) ved

ASS. REC. BY:

REF: ~~CS3/CTI2411038/Rvh3~~

0450

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: XE 9358Z

at Workshop m/s YEE KEONG

of NO 4 BENOI RD

Insured: GBH 3190Z CTI

Policy No.

Claims No. SNM24D206246

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: 197K

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: XE9358Z Yr Regn: 2024 (MAY)

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

Truck / Trailer or

Make: VOLVO FM 420 c.c 12777

Colour YELLOW A/C: Insured / Std / Nil / NA

Sp.Reading 18861 T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: 4V2XTWOA2PA 332839

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: 315/80R22.5

R:

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8/8 mm
L/Bal.	8 mm	L/Bal.	8/8 mm
D.O.A.	02/11/24	D.O.I.	18/11/24

Survey held at 4 BENOI RD

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

REPAIR LIMIT - 126K

2/1/25 Rasul confirmed LS $1500 (Red 1550, 50%)

Date/Time, File Pass to? 1)

☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to? 2)

Days Of Repair: 4

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) S + RS SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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