

(08/11/13) W01

ASS. REC. BY:

REF:

CS3/CT124110313/Ruh3

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 Ktonh

of NO 4 BENOI RD

Insured:

CT1

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:

197K

IDAC Accident Report:

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:

XE 9358Z

Yr Regn:

2022 / MM

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

Truck / Trailer or

Make:

Volvo FM 420

c.c (2TT)

Colour:

YELLOW

AC: Insured / Std / Nil / NA

Sp. Reading:

18861

T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No:

4U2XTW0A2PA 332839

Gen. Cond: Good / Fair / Poor / Burnt

Steering: in order / Jammed / Leaked / Burnt or

Brake: in order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

315/80R22.5

R:

BS / DUN / EXNOVA / GY / FS / LZA / 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 / W/C / Rooftop or

Rear o/s

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

Date / Time

Action / Instruction

REPAIR LIMIT - 126K

Date/Time, File Pass to?

☐
☐

: Prel. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

: Transportation:

) B + RS \$

) Photos

) Others

Add Fee:

☐
☐
☐
☐

: Site Insp (\$

: Interview (\$

: Tech. Invs (\$

: Weekend (\$

Report Format:

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

TOTAL