

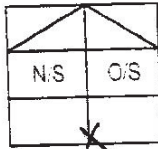
Tanpoh III

ASSIGNMENT

From _____ Date **23/01/2018**
Estimated Cost: _____
OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No. **SKR 574K**
at Workshop no. **Cycle & Carriage Automotive**
of **209 Pandan Gardens**
Insured _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record) **After 9am**
Make of Vehicle _____

(Policy Condition)

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



Bel. or Market Value: _____
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 **up**

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Vehicle **SKR 574K** Reg **2015 Jan.**
Type ☒ M/Cat / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make **Mitsubishi L200** 1193
Colour **Silver** A.C. Insured / Std / NI / NA
Se. Reading **60586** Paco Insured / Std / NI / NA
Eng. No. _____
C No. **MMBSTA13AFH 001227**
Gen. Cond: **Good** / Fair / Poor / Burnt
Steering: **In order** / Jammed / Leaked / Burnt or
Brake: **In order** / Jammed / Leaked / Burnt or
Mod: **Nil** / S/Rim / STD A/Rim or
Tyre Size **F: 185/55R15**
R: _____

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

Front

R. Bal. **6** mm
L. Bal. **6** mm

Rear

R. Bal. **6** mm
L. Bal. **6** mm

D.O.A.

D.O.I.

Survey held at

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

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

Date / Time Action / Instruction

Date / Time File Passed

☐
☐

Preli. Report

Final Report

Date / Time File Returned

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Phone

Add Fee:

☐
☐
☐
☐

Ste. Insd. \$

Ins. Fee \$

Test. Fee \$

As. Fee \$

Report Format:

Lump Sum / B / S