

(08/11/13)

REF:

ASSIGNMENT

17850

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SKV 3142Hat Workshop m/s TRANS EUROKARSof 12 Sunshin Karam AveInsured: LONDRA / TP

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

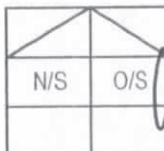
(Client's Record)

Make of Veh: _____

(Policy Condition)

Johi Han

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: SKV 3142H Yr Regn: _____Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: PORSCHE MACAN PAK C.C. _____Colour: WHITE A/C: Insured / Std / NI / NASp. Reading: 12753 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WP1ZZ2952FLB28151Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 235/60R18R: ~

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 31/12/17 D.O.I. 14/04/18Survey held at TRANS EUROKARSDes. 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 Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee: _____

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

Report Format :

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