

ASS. REC. BY:

REF: MG /Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cheng Hoe

of _____

Insured: _____

Policy No. _____

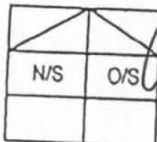
Claims No. _____

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: 229k

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: PKX 4435X Yr Regn: 06, 09Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: BMW 520i c.c. 1995Colour: N. O. Blue A/C: Insured / Std / NI / NASp. Reading: 18184 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBANT120XOCX30039Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: 245/35ZR18

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

TOYO / YOKO or Certitel

Front

R/Bal. 6 mm

Rear

R/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 22/6/18D.O.I. 16/7/18

Survey held at _____

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

O/S Rm body

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

Date / Time

Action / Instruction

18/7 File pass to Catherine

Date/Time, File Pass to?

☐ : Prel. 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: _____

) \$ + RS. \$

) Photos

) Others

Report Format :

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

TOTAL