

(08/11/13) wof

ASS. REC. BY:

REF: AxA

14746/8php

## ASSIGNMENT

From:

Date: 6/8/2018

Estimated Cost:

On ☒ TP ☐ WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SLL 1389S

at Workshop m/s

K. Kim Hin Auto

of

160 Sin Ming Drive # 02-20

Insured:

Policy No.

Claims No.

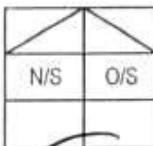
Sum Insured:

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:

81806

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lump Sum:

1-B-1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS <sup>sup</sup>

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLC 1389S

Yr Regn:

01, 17

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

Truck / Trailer or

Make:

M

E220

c.c

1950

Colour:

Black

A/C: Insured / Std / NI / NA

Sp. Reading

31873

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDD 213 00 424A 102778

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

245/40R19

R:

275/35R19

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

218/18

D.O.I.

618/18

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

7/8 File parts Nivita

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format :

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