

REF: FCI

ASSIGNMENT

From: Date: 15/02/19

Estimated Cost:

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

To inspect Vehicle No:

at Workshop n/s

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:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR. Seen:

Consistent? : Yes or No

Est. Repairs:

5 days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

'0s'

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No: SKM1671H

Yr Regn:

6/8/2009

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

Truck / Trailer or

Make: HONDA STREAM

C.C. 1799

Colour: WHITE

A/C Insured / Std / NI / NA

Sp. Reading 178582

T/Radio: Insured / Std / NI / NA

Eng/No: DBA RN6

C/No: RN6-3002541

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt or

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

Tyre Size: F: 205/65R15 BS

R: 205/65R15 Chao Yang

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 BS mm

R/Bal. 6/Chao mm

L/Bal. 6 BS mm

L/Bal. 6/Yang mm

D.O.A. 11/2/19

D.O.I. 15/2/19 3.42pm.

Survey held at SHL MOTOR

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

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

Date / Time

Action / Instruction

\$21,000

MV ~~20,000~~/2

PV 11,162/2

NV 10,831/2

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

) TOTAL

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Report Format:

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

TOTAL

Tatim

11/2/19