

Steve

REF: III

ASSIGNMENT

From

Date

21/2/19

Estimated Cost

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

To inspect Vehicle No

SMF 7897Y

at Workshop m/s

cycle & Carriage Kia
209 punden Gardens

of

Insured

Policy No

Claims No

Sum Insured

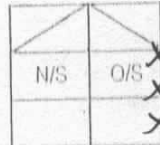
Excess

(Client's Record)

Make of Veh

10am @ owner waiting
Andre

(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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No

SMF 7897Y

at Regn

26/11/18

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

Truck / Trailer or

Make

Kia Camry

C.C

1-7

Colour

Black

A/C Insured / Std / NI / NA

Sp. Reading

7686

T/Radio: Insured / Std / NI / NA

Eng/No

C/No

KNA HU 81SVJ 7212186

Gen Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/45R17

R:

11

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

11/2/19

D.O.I.

21/2/19

Survey held at

C 1 C

Pandan

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 Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time: File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech Invs (\$)

☐

Weekend (\$)

Report Format:

Lump Sum / LB I: (\$)

) 5 + RS SI

) Photos

) Other

D.F.A.I