

Foran

REF: INC

ASSIGNMENT

From: Date: 25/02/19

Estimated Cost

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

To inspect Vehicle No

YP 8350G

at Workshop m/s

Woon Meng

of

50 Bkt Butok Crescent # 01-06

located

street 23

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 Report:

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 / up

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No

YP 8350G

Y Regn

2018

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

Truck / Trailer or

Make

MERCEDES BENZ

C.C

7698

Colour

BLUE

A/C

Insured / Std / NI / NA

Sp. Reading

44807

T/Radio: Insured / Std / NI / NA

Eng/No

C/No

WDB96700720215262

Gen. Cond: Good / Fair / Poor / Burnt

Steering: in order / Jammed / Leaked / Burnt or

Brake: in order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

275/70R22-5

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

23/12/18

D.O.I.

25/02/19 03:28PM

Survey held at

CYCLE & CARRIAGE (P/L)

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

RECEIVED 02 MAY 2019

Date/Time, File Pass to?



Prefi. Report

25/ Typist



Final Report

Date/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation

Site Insp (\$)

Photos

Other

Weekend (\$)

Report Format:

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

24501-

Add Fee:



Site Insp (\$)



Interview (\$)



Tech Invs (\$)



Weekend (\$)

TOTAL

250