REF: EQ1

ASSIGNMENT

From

Date: 28/2/19

Estimated Cost

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

To Inspect Vehicle No: SKZ 7209C

at Workshop m/s: Kan Pook Sing

of: No. 61 Defu Lane 12

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.

Name owner waiting
Advise if client has any video footage.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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 LTA 537K0

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKZ 7209C Yr Regn: 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A)

Make: Mazda 6 C.C: 1998

Colour: Red A/C: Insured / Std / NI / NA

Sp.Reading: 58212 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JM6GJ1072G0224338

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/55-R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	14/2/19	D.O.I.	28/2/19

Survey held at —

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

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

Date / Time	Action / Instruction
	only 01 video. of folder

Date/Time, File Pass to?
1)

☐ : Preli. Report
☐ : Final Report

Date/Time, File Return to?
2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) S + RS St
☐ : Interview ($) Photos
☐ : Tech Invs ($) Other
☐ : Weekend ($)

TOTAL

Report Format :

Lump Sum / I.B.I: ($)