REF: FCI

ASSIGNMENT

From:
Date: 4/3/19
Estimated Cost:
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SKV8610R
at Workshop m/s The Mechanic
of 25 Kaki Bkt Rd 4 #05-85 Synergy
Insured:
Policy No:
Claims No:
Sum Insured: Excess:
(Client's Record)
Make of Veh: Morning
(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: $123 K
IDAC Accident Rport: Consistent? : Yes or No
25/3/2019
GIA / PR Seen: Consistent? : Yes or No
Est. Repairs: 7 days Res.: Yes or No
Lum Sum: % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Vehicle: IN / OUT
Date: Person Contacted:

Veh No: SKV 8610R Yr Regn: 6/10/15
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: TOYOTA ALPHARD 2.5 c.c 2493
Colour: BLACK A/C: Insured / Std / NI / NA
Sp.Reading: 84166 T/Radio: Insured / Std / NI / NA
Eng/No: 2ARH544919
C/No: AGH30-0011597
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 235/50 R 18
R: 235/50 R 18
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or HIFLY (FRT) GOODRIDE (REAR)

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm

D.O.A. 25/2/19 D.O.I. 4/3/19 12.16pm
Survey held at THE MECHANIC
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

123,000/2
MV ~~126,000/2~~
PV 69,144/2
NV 57,000/2

12/3/19

Date/Time, File Pass to? : Preli. Report
1) : Final Report
Date/Time, File Return to?
2)

Days Of Repair:
Resurvey No. of Trip: 2

Add Fee: Site Insp ($)
Interview ($)
Tech Invs ($)
Weekend ($)

Survey Fee:
Transportation
__S - RS __SI
Photos
Others
TOTAL

Report Format: PRS
Lump Sum / I.B.E ($)