

11

James

CS/SPF 19012709/R11f3e2

9716

ASSIGNMENT

From: _____ Date: 22/7/19

Estimated Cost: _____

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

To Inspect Vehicle No: GBJ 1831K

at Workshop m/s: Charn's Customcraft

of BIK 1010, Blk mesh lane 3 #01-105

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 1pm - 5pm

(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 1up

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBJ 1831K Regn: 2019 PGB

Type: ☒ M.Cycle / ☒ Bus / ☒ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover / ☐ Truck / Trailer or

Make: Suzuki Every GA660ATC 658

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

Sp Reading: 7296 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: DA17V-257047

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: 145/80R12 R: _____

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

Front: R/Bal: S mm L/Bal: S mm D.O.A: 10/07/19

Rear: R/Bal: S mm L/Bal: S mm D.O.A: 22/07/19

Survey held at: CHARN'S CUSTOMCRAFT

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

0/S FR

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

Date / Time	Action / Instruction
RECEIVED 30 OCT 2019	
Do Not Finalise	
Re-open input repair upper range repair. (1500 - 2000) (Range Repair)	
13/1/20	reopen ref only, let DOZ 26/12/19 File pass to Elaine
	Celine 13/1/20

Date/Time, File Pass to: 13/01/20 Typist

Date/Time, File Return to: _____

Preli. Report ☒ Final Report ☐

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp (\$) ☐ Interview (\$) ☐ Tech. Inv. (\$) ☐ Wash and

Report Format: _____

Lump Sum / IE in: _____

Survey Fee: 220

Transportation: _____

Photos: _____

Other: _____

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