ASS. REC. BY:

REF: IV

ASSIGNMENT

From: Date: 26.9.2019

Estimated Cost:

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

To Inspect Vehicle No: SJM 6851J

at Workshop m/s Revolution Automotive

of 8 Kaki Bukit Ave 4 #01-49/50 Premier

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: 3.00pm Owner Waiting

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: 26

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 "np"

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJM 6851J Yr Regn: 1/09

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

Truck / Trailer or CA/

Make: Mitsubishi Mirage c.c 1499

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

Sp.Reading 194681 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JMYSRCY2A9U003582

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: 225/45-ZR17

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. 20/9/19 D.O.I. 26/9/19

Survey held at

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

N/S Rr.

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

Date / Time	Action / Instruction
	COE 13-1-2024 LTA 1/189

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	
$ + RS. SI	
Photos	
Others	
TOTAL	