

ASS. REC. BY: KRMREF: K19

## ASSIGNMENT

From:

Date:

01/10/2019

Veh No:

SMG 2869G

Yr Regn:

12, 18

Estimated Cost:

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

To Inspect Vehicle No:

SMG 2869G

at Workshop m/s

Gsteem performance

of

385 Sin Ming Drive

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

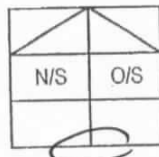
(Client's Record)

Make of Veh:

After 11am

(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:

01

days

Res.:

Yes or No

Lum Sum:

1.81

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS 1up

Vehicle: IN / OUT

Date:

Person Contacted:

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

Truck / Trailer or

Make:

7y Prius CX

C.C.

17PZ

Colour

M. Silver

A/C: Insured / Std / NI / NA

Sp. Reading

69791

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ZVW40 0029112Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

Neutan

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

18/9/19

D.O.I.

1/10/19

Survey held at

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

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Report Format:

Lump Sum / F.B. / C.

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL