

ASS. REC. BY:

REF:

III

ASSIGNMENT

From:

Date:

1. 11. 2019

Estimated Cost:

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

To Inspect Vehicle No:

PA 3701U

at Workshop m/s

Khim Seah

of

88260077

Insured:

Alan

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

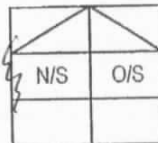
Make of Veh:

98273568 Canadas.

2.00p.m

(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

1/11/19

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

PA3701U

Yr Regn:

2008, June

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

Truck / Trailer or

Make:

Isuzu LT134P

c.c

7790

Colour

Mult

A/C: Insured / Std / NI / NA

Sp. Reading

190184

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

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:

11R22-5

R:

24

(D)

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

D.O.I.

01/11/19 e 3pm

Survey held at

Khim Seah

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

Inspection:

No estimate

Date/Time, File Pass to?



Preli. Report

1)

Date/Time, File Return to?



Final Report

2)

Report Format:

Lump Sum / L.B. / C

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Week-end (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL