

ASS. REC. BY:

REF:

08/FCI19018658/ A+ d3

Special Instruction:

Surva/or: Adrian

ASSIGNMENT (Office)

From (Person): Frauline Khoo

of

FCI

Date/Time: 21/10/2019 @ 1:29pm

Estimated Cost:

Bill to:

OD (TP) WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

FV 8060L

Insured:

SMB652

at Workshop in/s

Chin Meng Motor

Tel:

63450068 / 9297 7324

of

1 kaki Bukit Ave 6 #01-40 Autobay

JP Knight

JP Knight

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A. 27/05/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 8:29pm 21/10/19

Person Contacted:

Candy

Vehicle IN/OUT

Date/Time	Action/Instruction (/) Estimate
	FV8060L - CI / TPD19012155 / Nc
	SMB 652 - CI / TPD19011281 / R
	Submit preli adv's Report.
	Lump Sum \$1,800

2800

ASS. REC. BY:

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FV8060L. Yr Regn: 2002 / Nov

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

Truck / Trailer or

Make: Kawasaki KR2 C.C. 148Colour: Black A/C: Insured / Std / NI / NASp. Reading: 121884 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KR150KA55124Gen. Cond: Good Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 80/80 R17.R: 80/80 R17.

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

TOYO / YOKO or

Maxxis.

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. _____ D.O.I. 26/11/19.Survey held at Chin Meng.Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	TP 1st Cap. 67474810 SMB 65Z Owner 老色
	mv: NO LTA details - 8
	PV:
	Nett:
	182C

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L.R. is: _____

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - P3 - St

Photos

Others

TOTAL

140

50

27

217