

ASS. REC. BY: ful.

CC4/LPC 19019159/Gha3

ASSIGNMENT

From: _____ Date: 31.10.2019

Estimated Cost: _____

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

To Inspect Vehicle No: SLC 752E

at Workshop m/s Thiam Hong Huat

of 176 sin ming Drive #10514

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

N/S	O/S

(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: 2 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS "up"

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLC752E Yr Regn: 29 Apr 2016

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

Truck / Trailer or _____

Make: Toyota Sienta 1.5G c.c 1496

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

Sp. Reading: 79036 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NSP17070098.25

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: 185/60R15

R: 185/60R15

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

TOYO / YOKO or _____

<u>Front</u>	<u>Rear</u>
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. _____	D.O.I. <u>31-10-19</u>

Survey held at w/s 12330

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
<u>31/10</u>	<u>Estimate give later.</u>

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to? _____

2) _____

Rep. Format: _____

Lump Sum / T.P. / 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 _____