22/03/2002

ASS. REC. BY: | REF: CS/INC1901956-7/ktd3 | Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Hazalysa Bt Ibrahim of INC Date/Time: 10:01am @ 5/11/19

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMK 7021G Insured: SJU 8146G

at Workshop m/s Thiam Heng Hwat Tel: 8263 6295

of 176 Sin Ming Drive #05-14

Policy No: Claim No: MT/1067921-002

Sum Insured: Excess:

Make of Veh: D.O.A. 22/10/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 1:17pm @ 5/11/19 Person Contacted: Steven 96391626 H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time	Action/Instruction
	Estimate ✓
	SMK 7021G - X
	C/Exp 8430cd email CRed: 1854679; 80%)

ASS. REC. BY: | REF: INC/

ASSIGNMENT

Kenneth

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Thiam Hly Hway

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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 70 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMK 7021G Yr Regn: 04, 19

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

Truck / Trailer or (A) Wagon

Make: Renault Scenic c.c 1461

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

Sp.Reading 48936 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1RFA0066[illegible]247675P

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: 195/55R20

R: _____

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

TOYO / YOKO or _____

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	22/10/19	D.O.I.	5/11/19

Survey held at ✓

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

Rear o/s

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

Date / Time	Action / Instruction
/	File pass to GIA & Est not ready

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Fuel: _____

Others: _____

TOTAL _____