ASS. REC. BY Ram | REF FWD

ASSIGNMENT

From | Date

Estimated Cost:

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

To Inspect Vehicle No: SHC 6245K

at Workshop m/s: Premier

of 23 Changi South Ave 2 #01-02

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
X	
X	
X	

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle. IN / OUT

Date: Person Contacted:

Veh No: SHC 6245K Yr Regn: 23/10/2014

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

Make: Kia Optima 1.7A c.c 1685

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

Sp.Reading 580580 T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: KNAGM413MF5543533

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: 205/65 R16

R: -

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Maxxis

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm

D.O.A. 27/09/2019 D.O.I 18/11/19

Survey held at Premier

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

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

Date / Time	Action / Instruction

4/5

Date/Time, File Pass to/

1)

Date/Time, File Return to/

2)

☐ : Preli. 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

S + RS:

Photos

Others

TOTAL