

05/11/24

Ameyor F

REF: A16

19970 / 16023

ASSIGNMENT

From:

Date:

24.3.2020

Estimated Cost:

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

To Inspect Vehicle No:

SGG 8203J

at Workshop m/s

Ah Lim motor

of

NO 10 Amk Ind Park 2A #01-09

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

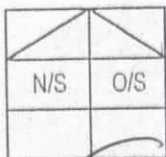
Make of Veh:

morning

(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:

5 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

5/21

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SGG 8203J

Yr Regn:

05, 06

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

Truck / Trailer or

Make:

Toy Wish

C.C

1794

Colour

M. Gray

A/C: Insured / Std / NI / NA

Sp. Reading

286030

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ENE10. 0306144

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

Continental 195/65R15

R: Nric

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

TOYO / YOKO or

Front

Rear

R/Bal.

3 mm

R/Bal.

3 mm

L/Bal.

3 mm

L/Bal.

3 mm

D.O.A.

29/10/19

D.O.I.

24/3/20

Survey held at

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

Rear ds

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$