

ASS. REC. BY:

REF: FCI

ASSIGNMENT

From: _____ Date: 29.11.2019

Estimated Cost: _____

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

To Inspect Vehicle No: SLH 520G

at Workshop m/s Xin Hua Workshop

of 23 Kati Bukit Ave 4 #04-01

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 up

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLH 520G Yr Regn: 2016 / Oct

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

Truck / Trailer or _____

Make: Hyundai Elantra c.c. 1591

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

Sp. Reading: 95468 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHDB841CMH290845

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: 205/55R16

R: 205/55R16

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

TOYO / YOKO or _____

Front _____ Rear _____

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

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 29/11/19

Survey held at Xin Hua

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

TP / 1st Cap.

part by part \$7806.72; (Red: 7890.76: 50%)

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp (\$ _____)☐ Interview (\$ _____)☐ Tech. Invs (\$ _____)☐ Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

Rep. Form:

Lump Sum / P.P. /

7806.72