

ASS. REC. BY:

REF:

FCT

300A

ASSIGNMENT

From:

Date:

24/12/2019

Veh No:

YP 6573T

Yr Regn:

2017 / July

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

YP 6573T

Make:

MERCEDES BENZ ATEL 1524 c.c. 6374

at Workshop m/s

ASM Automotive

Colour

WHITE

A/C:

Insured / Std / NI / NA

of

No. 13 pioneer sector 1

Sp. Reading

40737

T/Radio:

Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

W089700 7820 117556

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

Before 12pm

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

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Tyre Size:

F:

275/70R22.5

R:

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

TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

8

mm

R/Bal.

8/8

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

8

mm

L/Bal.

8/8

mm

Est. Repairs:

days

Res.:

Yes or No

D.O.A.

05/01/19

D.O.I.

24/12/19

Lum Sum:

%

3 Val.:

Yes or No

Survey held at

ASM

CA / REV / REP. / 24 HRS (DS)

Vehicle: IN / OUT

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

N/S Frt

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair:

1)

☐

Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format:

Lump Sum / L.B.J. (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$