ASS. REC. BY:

REF: FC1

ASSIGNMENT

From: Date: 26/12/19

Estimated Cost:

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

To Inspect Vehicle No: SLH 9159 H

at Workshop m/s Yew Tee Automobile

of 25 kaki Bukit Road 4 #01-61

Insured: Synergy.

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: 78

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 (up)

Vehicle: **IN / OUT**

Date: Person Contacted: LYA53792

Veh No: SLH9159H Yr Regn: 11/16

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

Make: Toyota wish c.c 1798

Colour: silver A/C: **Insured / Std / NI / NA**

Sp.Reading: 63339 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: JTDGG20W60J006132

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: 195/65-R15

R:

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.	19/12/19		D.O.I.	26/12/19	

Survey held at

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

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

Date / Time	Action / Instruction
	6 jobs 11 hr Rep 10k with 24/12/19

Date/Time, File Pass to? **: Preli. Report**

1) **: Final Report**

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: : Site Insp ($) __S + RS.__SI

: Interview ($) Photos

: Tech. Invs ($) Others

: Weekend ($)

TOTAL

Report Format :

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