

ASS. REC. BY: Kenneth

REF: UOI

ASSIGNMENT

From: _____ Date: 7 Jan. 2020

Estimated Cost: _____

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

To Inspect Vehicle No: SMN 6524 M

at Workshop m/s Hung YAP Seng Auto
of 160 Sn Ming #108-13 Autobay.

Insured: _____

Policy No. _____

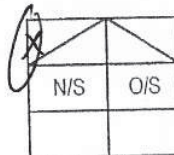
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMN 6524 M Yr Regn: 08, 19

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

Truck / Trailer or

Make: Opel Astra C.C. 1598

Colour: N. Black A/C: Insured / Std / NI / NA

Sp. Reading: 33959 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WOVBDJEG4K8031215

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: 205/55R16

R: _____

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

TOYO / YOKO or

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 25/12/19

Survey held at

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

N/S & U/C

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

Date / Time Action / Instruction

Est not ready

1/4/20 call to ask for estimate (No Estimate)

4s \$3950/- (Red \$6992.00, 63%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Form:

Lump Sum / B.L. /

☐ : Preli. Report☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

Photos

Others

TOTAL

250

60

18

328