

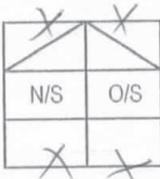
ASS. REC. BY: H. AN 114 CC6/KVV

ASSIGNMENT

From: _____ Date: 17/10/2020
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SMC 5653 M
 at Workshop m/s: Tan lim Motor
 of: 1 Defu lane 6
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: After 10:30am

Veh No: SMC 5653 M Yr Regn: 10/07/2018
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Kia CARENS DCT c.c. 1685
 Colour: Beige A/C: Insured / Std / NI / NA
 Sp. Reading: 134626/km T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KNAH4815.UJ7208448
 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: 11

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.



BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or COMFORT 68
 Front: CARENS DCT Rear: CARENS DCT
 R/Bal. 67 mm R/Bal. 67 mm
 L/Bal. 67 mm L/Bal. 67 mm
 D.O.A. 16/1/20 D.O.I. 17/1/20
 Survey held at TAN lim
 Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or _____

Bal. or Market Value: _____
 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 Wp
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	* pending workshop updated parts price
	* SMC 5653 M Do not use by Extinct
	MV - 81000
	PV - 47417
	NV - 33500

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

1) _____

Date/Time, File Return to? _____

2) _____

Report Format : _____

Lump Sum / L.B.I. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$) _____)
 : Interview (\$) _____)
 : Tech. Invs (\$) _____)
 : Wheel end (\$) _____)

Survey Fee: _____
 Transportation: _____ \$ + RS, _____ SI
 Photos _____
 Others _____
 TOTAL _____