ASS. REC. BY:

REF: FCI 16774/d

ASSIGNMENT

From: Date: 04/02/2020

Estimated Cost:

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

To Inspect Vehicle No: SKC 5879C

at Workshop m/s A.T Auto Consultant

of Blk 1 Sin Ming Ind. Est Sec. C # 01-135

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: After 10cm

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: $12k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 1 - 2 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

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

Date: 12'20 Person Contacted: Vehicle: IN / OUT

Veh No: SKC 5879C Yr Regn: 01 / 06

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

Make: Toy Camry c.c 1998

Colour M. Silver A/C: Insured / Std / NI / NA

Sp.Reading 217322 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR053BK310 6014318

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: 215/60R16

R:

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

Front		Rear	
R/Bal.	2 mm	R/Bal.	4 mm
L/Bal.	2 mm	L/Bal.	4 mm
D.O.A.	28/1/20	D.O.I.	4/2/2020

Survey held at ✓

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

400
2115.25

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: S ÷ RS SI

Photos

Others

TOTAL

Report Format :

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