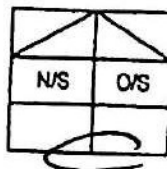|		
ASS. REC. BY:	REF: TP / CS|TP 2000 2632 / KSF3	

Kenneth

ASSIGNMENT

- From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ Heng Yap Sng

of _____

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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: **05** days   Res.: Yes or No

Lum Sum: **20** %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Veh No: SMG 7385C   Yr Regn: 08, 14

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

Make: Citroen C4   c.c 1590

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

Sp.Reading 128175   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF 73A9HC8 EJ 866798

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD / A/Rim or

Tyre Size: F: 215 / 50 7R17

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	2/2/20	D.O.I.	19/2/2020

Survey held at _____

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

Vehicle: IN / OUT

N/S   O/S

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

Date / Time	Action / Instruction
/	EH not ready
	SMG 7385C - X
	SHC 5779 T - NBA / GAI 1601402814 DOA - 27/07/2018
	Submit 4S $4,950/- @ 5 days ($13,586.00 Red - 73%)

04.08.2021 Re-open file to amend LS $5,850.00 (Red $13,916.00 ; 70%) *Celine 04/08/2021*

Date/Time, File Pass to?
1) 06/10/20 Typist

☐ : Preli. Report
☑ : Final Report

Date/Time, File Return to?
2)

Days Of Repair: ✓

Resurvey No. of Trip: 1

Add Fee:
☐ : Site Insp ($ _____)
☐ : Interview ($ _____)
☐ : Tech Invs ($ _____)
☐ : Weekend ($ _____)

Survey Fee:
Transportation:
___ S - RS. ___ SI
Fares
Others

Report Format: Independent

Lump Sum / I.B.I: ($ 4,950/- c/s)

TOTAL