

ASS. REC. BY:

REF: CS/AG1 20004144/Atf3

Special Instruction:

Surveyor: Adrian

ASSIGNMENT (Office)

From (Person): Ivy Robilla

of AGI

Date/Time: 17.3.2020 4:27p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SJM 6550C

Insured: SLD 34512

at Workshop m/s GREEN FOREST

Tel: 92712214

of B Kaki Bukit Dr 4 #105-25 PREMIER

Policy No:

Claim No: C10005924

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 16.3.2020

CA / REV / REP. / REV 24 HRS ^{np"}

H.O.D. Endorsement:

Date/Time: 17.3.2020 4:35p.m

Person Contacted:

Chris/Glen

Vehicle IN/OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SJM 6550C - X
	SLD 34512 - X
	lump sum \$75001- (Red: 15913.25 ; 67%)

Amuzic A

REF: AGI

ASSIGNMENT

From: _____ Date: 18.3.2020

Estimated Cost: _____

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

To Inspect Vehicle No: SJM 6550C

at Workshop m/s Green Forest

of 8 Kaki Bukit Ave 4 #05-25 Premier

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 mp'

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

N/S	O/S

Veh No: SJM 6550C Yr Regn: 2009 / Jan.

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

Make: Toyota Wish c.c. 1794

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

Sp. Reading: 347655 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZNE 1004 / 8850

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: 215/45R17
R: 215/45R17

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

Front		Rear	
R/Bal. <u>06</u>	mm	R/Bal. <u>06</u>	mm
L/Bal. <u>06</u>	mm	L/Bal. <u>06</u>	mm
D.O.A.		D.O.I. <u>18/03/20</u>	

Survey held at Green Forest

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
	TP Budget Direct.
	COE Expiry: 12/01/24.
	MV: 24K
	PV: 12K
	Nett: 12K

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

1) 21/4 Typist : Final Report

Date/Time, File Return to? _____

Days Of Repair: 8

Resurvey No. of Trip: _____

Report Format: TP

Lump Sum / I.B.I. (\$) 7500

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Survey Fee:	
Transportation:	
S + RS, SI	
Photos	
Others	
TOTAL	