REF: ER 2/ (S/EG1 20004536/Ksd3 ASS. REC. BY: Krnneth ASSIGNMENT GBG 1005 UY Regn: 05, 17 From: Veh No: Estimated Cost: Type: M.Car / M.Cycle / Bus / Wan / Lorry / Taxi / Prime Mover / OD MP WS ITP RES / OD RES / EVA / INV / MV Truck / Trailer or To Inspect Vehicle No: Make: at Workshop m/s Colour Insured / Std / NI / NA of Sp.Reading T/Radio: Insured / Std / N1 / NA Insured: Eng/No: Policy No. C/No: VSKYBAM 2070145069 Claims No. Sum Insured: Steering: Inorder / Jammed / Leaked / Brent or Excess: (Client's Record) Brake: Inorder / Jammed / Leaked / Both or Make of Veh: Modi: NII J SIRIM / STD AIRIM or Tyre Size: (Policy Condition) Plemark: The veh had commenced its O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of inspection. TOYO / YOKO or Bal. or Market Value: Front Rear IDAC Accident Rport: Consistent?: Yes or No R/Bal. GIA / PR Seen: Consistent?: Yes or No L/Bal. Est. Repairs: Res.: Yes or No D.O.A. 23 Lum Sum: 3 Val.: Yes or No Survey held at CA / REV / REP. / 24 HRS Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction KENNETH CONFIRMED L/S \$ 6,250.00/7 DAYS WITH MS. PHANG. (\$ 15,217.50/RED - 71%) 07/07/2020 Prell. Report Days Of Repair: **TYPIST** Final Report Resurvey No. of Trip: Survey Fee: Oute/Time, File Return to? Transportation Add Fee: Site Insp (\$ 5 + RS.__SI Interview (\$ Report Format: Tech Invs (\$ 1 Others I.B.I: (S Lump Sum \$6,250.00 L/S Weekend (\$ TOTAL