

ASS. REC. BY: Ram

REF: NS/INC 20004874 PAF3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLM 9099x

Policy No. _____

Claims No. MT/1090410-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

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

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

Veh No: SHA 4047 P Yr Regn: 1/08/2019

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

Truck / Trailer or _____

Make: Hyundai i10nlg (G2) c.c. 580

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

Sp. Reading: 77 647 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB51CVKUI65021

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / 8/Rim / STD A/Rim or _____

Tyre Size: F: 195/65 R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or DAWAN 1

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 31/03/2020 D.O.I. 2/04/2020

Survey held at comfortable drive (Lo yang)

Des. of Damages: Frnt / Rear / O/S / N/S / UIC / Rooftop or

O/S frnt & frnt

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>SHA 4047P - CC3/ LCR 180 10377/ K16b3qz DOA - 03/06/2019</u>
	<u>SLM 9099x - CC4/ TO 1462253 / Agb3qz DOA - 29/01/19</u>
	<u>NTUC</u>
	<u>P/P</u>
	<u>P/P: \$1753.36 with 3 repair days (Red: 29.08.20: 62%)</u>
	<u>(contin on 6/4/2020 with Larry)</u>

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

1) 3/4/20 Typist : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS: _____

Photos _____

Others _____

TOTAL _____

Add Fee: Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

Report Format: TP

Long Sum / LCR: 1753.36