

ASS. REC. BY:

REF: ASM (AFA)

PRS

ASSIGNMENT

CoE 2028 Aug

From:

Date

11.2.2020

Estimated Cost:

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

To Inspect Vehicle No:

SKG 2261H

at Workshop m/s

Teamwork Garage

of B1K53 Wai Ave 1 #10124

Insured:

Policy No.

Claims No.

Sum Insured:

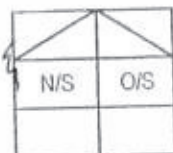
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

A65K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SKG 2261H

Yr Regn: 2008 / June

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

Truck / Trailer or

Make:

Toyota Estimer

C.C.

2362

Colour:

Pearl/white

A/C: Insured / Std / NI / NA

Sp. Reading

139564

T/Radio: Insured / Std / NI / NA

Eng/No:

ACR 507056208

C/No:

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:

225/50R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

Survey held at

Teamwork Garage

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

3000-4000, 5 days
Range repair

RECEIVED 27 FEB 2020

submit lump sum 4100, 5 days

Date/Time, File Pass to?



: Preli. Report

15/5/2020



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Invs (\$)



: Weekend (\$)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Rep. Form 1

PRS

Lump Sum / U/C /