

ASS. REC. BY:

REF:

TMI/CC3/TMI20006342/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

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 days

Res.: Yes or No

Lum Sum:

1.81 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHD 9315S

Yr Regn:

101 18

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

Truck / Trailer or

Make:

Toy Prius

c.c

1798

Colour

M.P. White / R/W

AJC:

Insured / Std / NI / NA

Sp. Reading

139.747

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDK B3FU 2030 F31 F3

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 / R/Rim or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Pailun

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

12/6/20

D.O.I.

15/6/2020

Survey held at

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

O/S 151

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

Date / Time

Action / Instruction

P/P \$ 8,662.13 @ 4 days, FINALIZED WITH WAI YIN
(\$34,366.31/RED - 80%)

Date/Time, File Pass to?

12/01/2021

1) TYPIST

Date/Time, File Return to?



: Prell. Report



: Final Report

Days Of Repair:

4

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

Fuel:

Others:

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Report Format:

Lump Sum

MBP (\$

P/P \$8,662.13