REC'D BY: GQ | REF: CS/FWD20007203/Gqf3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s AUTO SOON

of

Insured:

Policy No. PNPV2019-00009928-01

Claims No. 1202000018920

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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMT 3016B Yr Regn: 06 Apr/2020

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

Make: TOYOTA CAMRY ASCENT c.c 2487

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

Sp.Reading 4974 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTNB23HKX03056886 *

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: 235/45R18

R: 235/45R18

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.		D.O.I.	13-07-2020

Survey held at W/S 3pm

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
	30/11/20@12.23pm Guo Qiang finalised with Soon final fig $9201.69, 5 days. (Red $1765.70, 16%)

Date/Time, File Pass to? 1) 30/11 Typist

Date/Time, File Return to? 2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format: MER-TP

[redacted] / U.P.: 9201.69

Survey Fee:

Transportation: S + RS. SI

Photos

Other:

TOTAL