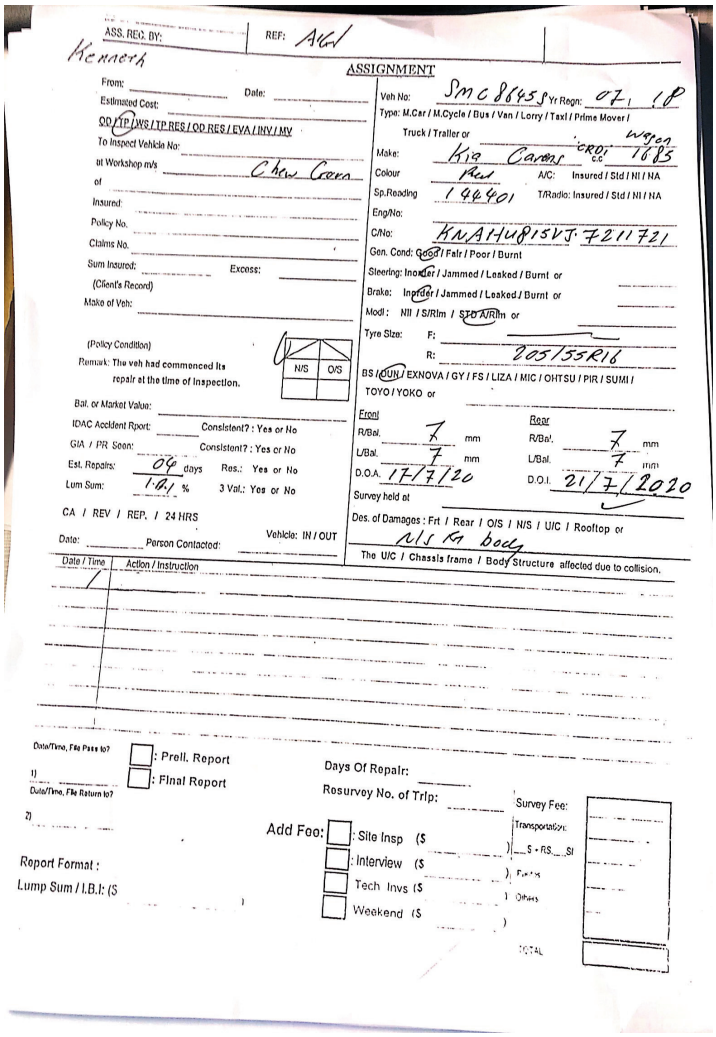

ASS. REC. BY: Kenneth REF: AGV

ASSIGNMENT

From: Date:
Estimated Cost:
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No:
at Workshop m/s Chew Green
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.

N/S | O/S

Bal. or Market Value:
IDAC Accident Rport: Consistent? : Yes or No
GIA / PR Seen: Consistent? : Yes or No
Est. Repairs: 04 days Res.: Yes or No
Lum Sum: I.B.I % 3 Vat.: Yes or No

CA / REV / REP. / 24 HRS
Date: Person Contacted: Vehicle: IN / OUT

Veh No: SMC 8645J Yr Regn: 07 . 18
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Wagon
Make: Kia Carens CRDi cc 1685
Colour Red A/C: Insured / Std / Nil / NA
Sp.Reading 146401 T/Radio: Insured / Std / Nil / NA
Eng/No:
C/No: KNAH4U815VJ 7211721
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inoper / Jammed / Leaked / Burnt or
Brake: Inoper / Jammed / Leaked / Burnt or
Modl: Nil / S/Rim / S/O A/Rim or
Tyre Size: F:
R: 205/55R16
BS / GUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	17/7/20	D.O.I.	21/7/2020

Survey held at
Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or N/S R4 body
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? 1) ☐ : Prell. Report ☐ : Final Report
Date/Time, File Return to? 2)
Report Format :
Lump Sum / I.B.I: ($)

Days Of Repair:
Resurvey No. of Trip:
Add Foo: ☐ : Site Insp ($) ☐ : Interview ($) ☐ Tech Invs ($) ☐ Weekend ($)

Survey Fee:
Transportation: $ - RS
Others
TOTAL