

ASS. REC. BY:

REF:

PMO/20008191/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:

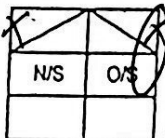
Excess:

(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:

09

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PTU 12538 Yr Regn: 111 09

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

Truck / Trailer or

Make:

Chevrolet Cruze c.c 1591

Colour

White

A/C: Insured / Std / NI / NA

Sp. Reading

131352

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KL1JA6961AK564518

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F:

215/55R17

R:

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

TOYO / YOKO or

Gener 81

Front

Rear

R/Bal.

6

mm

R/Bal.

8

mm

L/Bal.

6

mm

L/Bal.

P

mm

D.O.A.

6/18/20

D.O.I.

11/8/2020

Survey held at

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

O/S 1st body & U/C

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

KENNETH CONFIRMED L/S \$ 13,500.00/9 DAYS WITH CHEW.
(\$ 12,972.80/RED - 49%)

SOMPO HANDLER - SHIANG YI

Date/Time, File Pass to?

14/09/2020

1) TYPIST

Date/Time, File Return to?



: Prell. Report



: Final Report

Days Of Repair: 9

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Report Format:

Lump Sum / I.B.I. (\$ L/S \$ 13,500.00)