ASS. REC. BY: Kenneth | REF: SMO/20008191/KSf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Complete

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: 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: SJU 1253B Yr Regn: 11/09

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

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/Rim / STD A/Rim or _____

Tyre Size: F: 215/55R17

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	8 mm
L/Bal.	6 mm	L/Bal.	8 mm
D.O.A.	6/8/20	D.O.I.	11/8/2020

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or O/S rear 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?
2) _____

☐ : Prell. Report
☑ : Final Report

Days Of Repair: 9

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)
☐ : Interview ($ _____)
☐ Tech Invs ($ _____)
☐ Weekend ($ _____)

Survey Fee:
Transportation: $ - RS. SI
Parking
Others
TOTAL

Report Format :
Lump Sum / I.B.I: ($ L/S $ 13,500.00)