(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/S-912009319/4pa3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SKV 7029B

at Workshop m/s Euroklas

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

Remark: **The veh had commenced its repair at the time of inspection.**

Bal. or Market Value: 654

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 1.3.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS LTA 44120

Vehicle: IN / OUT

Date: Person Contacted: 9k.

Veh No: SKV 7029B Yr Regn: 9/15

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

Make: mazda 5 c.c 1998

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

Sp.Reading 94662 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JM6CW107/G0122423

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:

R: 205/55-R16

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	19/8/20	D.O.I.	9/9/20

Survey held at —

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

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

Date / Time	Action / Instruction
	neff 9880

19/11/20 confirmed final Rig @ 4200.20 with Jeslin

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: __S + RS, __SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I: ($)