ASS. REC. BY: Rama | REF: CS/AIG 20009570/Rqf3 | 2561

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMJ 6492S

at Workshop m/s CYCLE & CARRIAGE

of 209, Pandan Garden

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: TBA

(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: 57K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ 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: SMJ 6492S Yr Regn: 2019 MAR

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

Truck / Trailer or _____

Make: KIA CERATO 1.6 CAT GT c.c 1591

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

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

Eng/No: _____

C/No: KNAF3416MK5027324

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/55R16

R: —

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

TOYO / YOKO or NEXEN

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	05/09/2020	D.O.I.	08/09/2020

Survey held at C&C

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
	The vehicle sustained extensive damage on the front portion. Front chassis member was seriously buckled, the surrounding of the engine compartment was damaged. The engine assy might be affected due to the impact. To that, we as the opinion treat the vehicle as uneconomical to repair due to the extensive damages.

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation: ___S + RS. ___SI

Photos

Others

Report Format : _____

Lump Sum / E.P.I: ($ _____)