

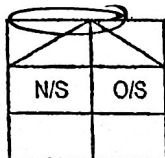
UNSEEN
ATTN
CE FRO
NT
PONE
ENDER
HOU
DOOR

ASS. REC. BY: Pam REF: CS/A16 20009570/Rig f3 256E

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 CYUG & CARRIAGE
of 209, PARRISON 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.



Bal. or Market Value: 57K
IDAC Accident Rpt: _____ 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
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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 EX 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 NXEN

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 CRC

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 assembly might be affected due
	to the impact. To that, we as the opinion treat this vehicle as
	unreconized to repair due to the extensive damages.

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

Transportation: _____

2)

Add Fee: ☐ : Site Insp (\$ _____)

\$ + RS. \$ _____

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

Report Format: _____

Lump Sum / I.B.B. (\$) _____