ASS. REC. BY: Kenneth

REF: SMO/CS/SMO20009729/Ksd3

ASSIGNMENT

From:

Estimated Cost: Date:

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

To Inspect Vehicle No:

at Workshop m/s

of Ah Lim

Insured:

Policy No.

Claims No.

Sum Insured: Excess: $300.00

(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: $ 27k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 12 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 12/23 Person Contacted: Vehicle: IN / OUT

Veh No: SJL 5803E Yr Regn: 12/08

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

Make: Honda Civic c.c 1799

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 115738 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHMFD16309S201622

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: 205/55R16

R:

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	10/9/20	D.O.I.	11/9/2020

Survey held at

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
/	
	KENNETH CONFIRMED L/S $ 9,000.00/12 DAYS WITH MUI HONG. ($ 10,743.89/RED - 54%)

Date/Time, File Pass to?
25/11/2020
1) TYPIST
Date/Time, File Return to?

2)

☐ : Prell. Report
☑ : Final Report

Days Of Repair: 12

Resurvey No. of Trip: 1

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

Survey Fee:
Transportation: $ + RS. SI
Faxes
Others
TOTAL

Report Format :

Lump Sum I.B.I: ($ L/S $ 9,000.00)