(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/111200/0829/ups3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMU 986R

at Workshop m/s Zoom

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: 68

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS 9631

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMU 986 R Yr Regn: 7 / 20

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

Make: Hyundai accent c.c 1368

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

Sp.Reading 2729 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHCU41BTKU481815

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: 175/70R14

R:

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

Front		Rear	
R/Bal.	f mm	R/Bal.	f mm
L/Bal.	f mm	L/Bal.	f mm
D.O.A.	6/10/20	D.O.I.	8/10/20

Survey held at —

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

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

Date / Time	Action / Instruction
	L1A L7A & 38802
20/10/20	Confirmed L/S @ 4500 with Elin

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:

Transportation: __S + RS, __SI

Photos

Others

TOTAL