ASS. REC. BY: Kenneth

REF: ~~Sam~~ CZZ / 20011584 / Kc

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Chew Coon

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(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: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLK 8075G Yr Regn: 01, 1.7

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

Make: Honda Shuttle c.c 1496

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

Sp.Reading 127879 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK8 1100781

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: Nexen 185/60R15

R: Hankook

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	6 mm
L/Bal.	8 mm	L/Bal.	6 mm
D.O.A.	20/10/20	D.O.I.	26/10/2020

Survey held at _____

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

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

Date / Time	Action / Instruction
10/3 3.47pm	Kelly confirmed LS $2900+ and 2 days with Kenneth. (Ref 2194.48, 43?.)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☑ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ - R.S. _____ SI

Parking: _____

Others: _____

TOTAL _____

Report Format : TP

Lump Sum / I.B.I: ($ $2900+)