

ASS. REC. BY:

REF:

AG2/ 200140961Kt

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Thiam Heng Heng

of _____

Insured: _____

Policy No. _____

Claims No. _____

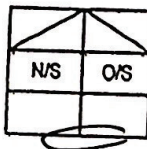
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: 07/30 Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMT 21240 Yr Regn: 02, 11Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or AMake: Mer C180 c.c. 1597Colour: M. Black A/C: Insured / Std / NI / NASp. Reading: 112.757 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2040452 A 493390Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: 235/40R18BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 17/12/20 D.O.I. 18/12/2020

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

1 EM not ready

We confirm lump sum \$4,700 (before GST) and 05 days.

RED: 15240.90; 76%

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - RS - SI

Fines

Others

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

TOTAL

Report Format :

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