

ASS. REC. BY:

REF:

CS3/MSG 20012866/Rtd3

5028

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SGN 8801Xat Workshop m/s Hans CARof 1001, BUNT MERAH LN 3Insured: MSIH

Policy No. _____

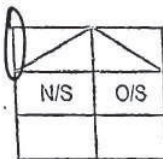
Claims No. _____

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: 51K

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SGN 8801X Yr Regn: 2016, JulyType: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: CITROEN GRAND C4 PICASSO 1.6 1560Colour: Brown A/C: Insured / Std / HI / HASp. Reading: 42616 T/Radio: Insured / Std / HI / HA

Eng/No: _____

C/No: VF 73ABH ZTH J 643185Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ Order / Jammed / Leaked / Burnt orBrake: ☒ Order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R15R: 1"BS / DUN / EXNOVA / GY / FS / LIZA / ☒ MIO / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmU/Bal. 6 mm U/Bal. 6 mmD.O.A. 07/11/2020 D.O.I. 24/11/2020Survey held at Hans CAR

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

N/S FR

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

Date / Time _____ Action / Instruction _____

~~Estimate repair cost / no. of days - (2k-3k) / 4 days~~

SUBMIT PRO REPORT

lump sum \$2950, 4days
red: 450;13%

Date/Time, File Pass to?

☐ : Prelt. ReportDays Of Repair: 4

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL _____

Report Format: _____

Lump Sum / U.C. (\$ _____)