

ASS. REC. BY:

REF: CS3/MSG/200/12866/R/1013

5028

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SGN 8801X

at Workshop m/s HAN CAR

of 1001, BUKIT MERAH LN 3

Insured: MSIG

Policy No. _____

Claims No. _____

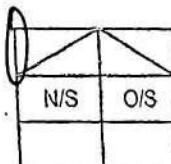
Sum Insured: _____ Excess: _____

(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 / July

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

Truck / Trailer or

Make: CITROEN GRAND C4 PICASSO 1.6 1560

Colour Brown A/C: Insured / Std / HI / NA

Sp.Reading 42616 T/Radio: Insured / Std / HI / NA

Eng/No: _____

C/No: UF 73 ABH ZTH J 643185

Gen. Cond: Good / Poor / BurntSteering: Jammed / Leaked / Burnt orBrake: Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R15

R: 16

BS / DUN / EXNOVA / GY / FS / LIZA / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front R/Bal. mm Rear R/Bal. mm

L/Bal. 6 mm U/Bal. 6 mm

D.O.A. 07/11/2020 D.O.I. 24/11/2020

Survey held at HAN CAR

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

N/SFT

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

Date / Time	Action / Instruction
ESTIMATE REPAIR RATE (No. of days - (2k - 3k)) / 4 days	

SUBMIT PRS REPORT

Date/Time, File Pass to?

 Prelt. Report

Days Of Repair: 4

1)

 Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

Date/Time, File Return to?

2)

Add Fee: Site Insp (\$ _____) S + RS. SI Interview (\$ _____) Photos Tech. Invrs (\$ _____) Others Weekend (\$ _____) TOTAL

Report Formed: _____

Lump Sum / F.R.H: _____