

(08/11/13) wef

ASS. REC. BY: *Marcus*

REF:

CCG/AIG21001639/Upr3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SBT 628H

at Workshop m/s

hockmoh

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:

\$40k.

IDAC Accident Rpt:

Consistent?: Yes or No

☒ BIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

2

days

Res.:

Yes or No

Lum Sum:

131

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SBT 628H

Yr Regn:

2/4/09

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

Truck / Trailer or

CAI

Make:

KIA cerato forte

c.c

1591

Colour

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

193123

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KNAFH 221395023875

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:

205/45R17

R:

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

TOYO / YOKO or

KUMHO

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

5

mm

L/Bal.

6

mm

D.O.A.

2/2/21

D.O.I.

3/4/21

Survey held at

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

Rear

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

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

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, SI

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$

27A \$20224 re until 31-3-2028

4/3/21 7/2 \$450 confirmed with Amy