

ASS. REC. BY:

Steve

REF:

CS/EA 12/001724/d3

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

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 Report:

Consistent? : Yes or No

SIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMA 51830

Yr Regn:

21/1/19

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

Truck / Trailer or

Make:

KIA Cerato

c.c.

1591

Colour:

Black

A/C:

Insured / Std / Nil / N

Sp. Reading

16893

T/Radio:

Insured / Std / Nil / N

Eng/No:

C/No:

KNAF3416 MKS 245241

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brakes: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

295/55R16

R:

11

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

TOYO / YOKO or

Kumho

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

21/1/21

D.O.I.

16/3/21

Survey held at

cycle &amp; Carriage

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

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MK- 76K

finalize \$5977.00 (P/P, before GST). 4 repair days.

RED: 4574; 43%

10,551.00

Date/Time, File, Pass to?

☐ : Prel. Report  
☐ : Final Report

Date/Time, File Return to?

Days Of Repair:

4

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp (\$  
☐ : Interview (\$  
☐ : Tech. Invs (\$  
☐ : Weld and (\$

Survey Fee:

Transportation:

Phone

Others

TOTAL

Date/Time, File Return to?

tp

Total Sum / L.B.I. : 5977