

ASS. REC. BY:

REF: CTZ/21002254/K

ASSIGNMENT

KENNETH

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. _____

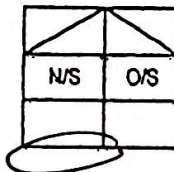
Sum Insured: _____ Excess: _____

(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: 4-5 days Res.: Yes or NoLump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLE 74726 Yr Regn: 07 16Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Traller or (M)Make: Mazda 2 c.c. 1496Colour: MP White A/C: Insured / Std / NI / NASp. Reading: 158343 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 3mm 60L2SAAGW185871Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/80R15R: Yoko

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

TOYO / YOKO or Yoko

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 8 mmL/Bal. 6 mm L/Bal. 8 mmD.O.A. 6/2/21 D.O.I. 22/2/2021Survey held at ✓

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

Rec N/S

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

Date / Time Action / Instruction

1 GIA & SH not ready

Date/Time, File Pass to?

☐: Prel. Report

1)

☐: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee:

Transportation:

S - RS. SI

F. m/s

Others

TOTAL

Report Format:

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

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