ASS. REC. BY: Kenneth | REF: MSG / 21003029 /Kt4

ASSIGNMENT

CS/MSG21003029/Ktd3

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Chew Goan

of _____

Insured: FBN2287D

Policy No. MSD/VMS/20-512312

Claims No. MSC/V/21-000118

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: 81K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 10 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP / 24 HRS

Date: 9/11 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SGY 3573D Yr Regn: 09, 07

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A)

Make: Toy Vios c.c 1497

Colour M. Red A/C: Insured / Std / NI / NA

Sp.Reading 358551 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR0531HY930-5019089

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: NIl / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/55R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Ling Long

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm

D.O.A. 2/3/21 D.O.I. 8/3/2021

Survey held at _____

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

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

Date / Time	Action / Instruction
/	
	LUMPSUM 4900,10DAYS
	RED: 2163.78; 30%$

Date/Time, File Pass to? 1) _____ ☐ : Prell. Report ☐ : Final Report

Date/Time, File Return to? 2) _____

Days Of Repair: 10

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: $ - R.S. _____ S

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

Parking _____ Others _____

TOTAL _____

Report Format :

Lump Sum / I.B.I: ($ _____)