ASS. REC. BY: Kenneth

REF: CTL/21003047HGd3

Kny3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: SMJ 987X

at Workshop m/s 4th Lim

of _____

Insured: GBH 7171C

Policy No. SNM21D201280/C02

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: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 4/30 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMJ 987X Yr Regn: 05/10

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

Make: VolksWagen (A) Golf c.c 1984

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 186433 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVW ZZZ1KZ4W 318708

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: 235/40R18

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	7 mm
L/Bal.	8 mm	L/Bal.	7 mm
D.O.A.	4/3/21	D.O.I.	9/3/2021

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
/	17/03/21@5.26PM REVISED TO PAULINE THAM VIA MERIMEN.
	30/09/22 submit preli report $2631.04 and 2 days
	check item: $1560.96 (red, 2631.86, 50%)

Date/Time, File Pass to?

1) 30/09/22

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____

Parking _____

Others _____

TOTAL _____

Report Format : preli

Lump Sum / I.B.I: ($ 2631.05)