

ASS. REC. BY:

REF:

C72/21003047Hgy3

Kny3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMJ 987X

at Workshop m/s Ah Lim

of _____

Insured: GBH 7171C

Policy No. SNM21D201280/C02

Claims No. _____

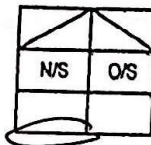
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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

4/30

Date: _____ 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 Golf c.c. 1884

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

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

Eng/No: _____

C/No: WVW ZZZ1K7AW 318708

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Mod: NII / 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.

04

30/09/22 submit preli report \$2631.05 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)

☐ : Preli. Report☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS \$ _____

Fees _____

Others _____

TOTAL

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

Report Format: preli

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