ASS. REC. BY: Kenneth

REF: CS/ SMR/ 21003727/Kuf3 C

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMS 1229Y

at Workshop m/s Thian Hong Huat

of

Insured: SHD 6359K

Policy No.

Claims No. TAX/02/21/2066

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: 07 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS 06/28

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SMS 1229Y Yr Regn: 06, 08

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

Make: Mit Lancer c.c 1584

Colour m. Silver A/C: Insured / Std / Nl / NA

Sp.Reading — T/Radio: Insured / Std / Nl / NA

Eng/No:

C/No: JMYSNCS3A8U003210

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: 195/60R15

R:

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	8 mm
L/Bal.	9 mm	L/Bal.	8 mm
D.O.A.	26/2/21	D.O.I.	11/5/2021

Survey held at

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

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

Date / Time	Action / Instruction
/	Est not ready, battery flat
14/7	11 Sug @ 7200 Confirm 7 repair days. (RED $10931.60; 60%)

Date/Time, File Pass to? [ ] : Preli. Report

1/9 TYPIST [ ] : Final Report

Date/Time, File Return to?

Days Of Repair: 7

Resurvey No. of Trip: 2

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech Invs ($)

[ ] : Weekend ($)

Survey Fee:

Transportation:

__S + RS.__SI

Photos

Others

TOTAL

Report Format: TP

Lump Sum / ~~L.B.~~: ($ 7200)