ASS. REC. BY: Kenneth

REF: TP / 21009610lkgf3 Stk

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s K K HIN

of

Insured: 6046

Policy No. SGK: 6006122/EG

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: 6 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBC 5866X Yr Regn: 03, 13

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

Make: MS Urvan c.c 2953

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

Sp.Reading 139002 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JN1MG4E25Z0796895

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: 195R15X8

R:

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

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

Rear R/Bal. 4 mm L/Bal. 4 mm

D.O.A. 3/9/21 D.O.I. 14/9/2021

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The van recover from flood.

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

Date / Time	Action / Instruction
/	
27/09/21	Submit Preli. report.

Date/Time, File Pass to?

1) 27/09 Typist

☑ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:	150
Transportation	50
$ + RS. SI	50
Photos	65
Others	80
TOTAL	395