

ASS. REC. BY: Tan JH

REF: CS3/CT1 2101846/7143

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SJP 8465L

at Workshop m/s _____

of _____

Insured: SMX 5894Z

Policy No. DMHCSNW00007722100

Claims No. SNM21D206696/C02

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 9 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJP 8465L Yr Regn: APR / 2009

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

Truck / Trailer or

Maké: Toyota Axio C.C. 1496

Colour 81/uvr A/C: Insured / Std / NI / NA

Sp. Reading 16426 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NZE 14161068-93

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/R/m / STD A/R/m or

Tyre Size: F: 175/60R15

R: u

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Rapla

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 22/4/21 @ 450pm

Survey held at KY Auto

Des. of Damages: 0 / 0 / Rep L O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
11/06/21	Repair Range: 97,000 - 1,8000, 9 days
26/11/2021	Submit PRS.

Date/Time, File Pass to? : Prel. Report

26/11 TYPIST : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 9

Resurvey No. of Trip: 1

Survey Fee:

Transportation: _____ \$ + RS _____ \$

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Photos

Others

Report Format: TP

Lump Sum / L.B.A. ()