

A.S.S. REC. BY:

Tang Jih

REF:

C83/CT1210/2064/Tivy3.

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: GBJ 3249D

Policy No. DMCVSNW00226752100

Claims No. SNM21D206824/C02/LEEPG

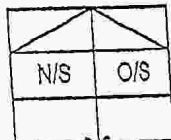
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

939K.

IDAC Accident Report: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / QUT

Date: _____ Person Contacted: _____

Veh No: _____

SK4 8068/ Yr Regn: 2015, Aug.

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

Truck / Trailer or

Make: _____

Suzuki Swift. c.c. 1372

Colour

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

82556

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

JSAF ZC 82 S-00 319372

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: _____

F: _____

185/55R16

R: _____

2 1

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

TOYO / YOKO or

Continental.

Front

Rear

R/Bal. _____

6

mm

R/Bal. _____

6

mm

L/Bal. _____

6

mm

U/Bal. _____

6

mm

D.O.A. 24/11/21

D.O.I.

29/11/21 0240pm

Survey held at

Speedwaks

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

15/12/21

Repair Range: \$7000 - \$8000 X

10 days X

15/12/21

Submit PRS, repair range \$5,000-\$6,000

Date/Time, File Pass to?

☐ : Prelim. Report
☐ : Final Report

1)

Date/Time, File Return to?

2) 15/12/21-typist

Rep. Formet: _____

Lump Sum / L.B.A. (?)

Days Of Repair: 7

Resurvey No. of Trip: _____

Add Fee:

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

: Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL