ASS. REC. BY: Kenneth

REF: TII / 21012635/KS GRB

ASSIGNMENT

From: | Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s NGS

of

Insured:

Policy No.

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: $23k

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

Date: 12'24 | Person Contacted: | Vehicle: IN / OUT

Veh No: SJU 9636C | Yr Regn: 01, 10

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

Make: Kia Forte (A) Cerato | c.c 1591

Colour: M. Grey | A/C: Insured / Std / NI / NA

Sp.Reading: 271892 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNAFU411MA5171179

Gen. Cond: Good / Fair / Poor / Burnt (Good circled)

Steering: Inorder / Jammed / Leaked / Burnt or (Inorder circled)

Brake: Inorder / Jammed / Leaked / Burnt or (Inorder circled)

Modi: Nil / S/Rim / STD A/Rim or (STD A/Rim circled)

Tyre Size: F: 195/65R15

R: ——

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

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

D.O.A. 10/12/21 | D.O.I. 14/12/2021

Survey held at ✓ 1.35pm

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

N/S Frt & O/S body

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to? | ☐ : Prell. Report

1) | ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:	
Transportation:	
__S + RS.__SI	
Fares	
Others	
TOTAL	

Report Format :

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