

ASS. REC. BY: Tang JHREF: CS3/CT12102689/Tiny3.

ASSIGNMENT

2026 June

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

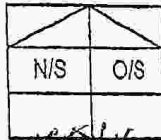
Insured: YP 6923SPolicy No. DMCVSNW00082512103Claims No. SNM21D207213/C02/THAMYL

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: 430K

IDAC Accident Rpt: _____ 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 wp

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: 4BL1498B Yr Regn: 2011 JuneType: M.Car / M.Cycle / Bus Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Maké: Nissan NV200 c.c. 1461Colour Grey A/C: Insured / Std / NI / NASp. Reading 197262 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1YB AM 204 000 3346Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: 11 S/Rim / STD A/Rim orTyre Size: F: 175/70R14R: 175/70R14BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 10/12/21 D.O.I. 15/12/21 12pmSurvey held at Alpha CarDes. 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
	<u>Repair Range: \$5000 - \$6000, 7 days.</u>
22/12/21	Submit PRS, repair range \$5,000-\$6,000

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 22/12/21-typist

Report Format: _____

Lump Sum / L.B.H. (F) _____

Days Of Repair: 7

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee: _____

Transportation: _____

S + RS _____

Photos _____

Others _____

TOTAL _____