

ASS. REC. BY: Steve

REF:

CS/PC/22201111/EF3

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: GBF 9452P

Policy No. _____

Claims No. D22000340MFCV

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bel. or Market Value: _____

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLT 8309K Yr Regn: 14/11/17Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda 3 c.c. 1496Colour: White A/C: Insured / Std / NI / NASp. Reading: 76319 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BN72A850187053

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: 205/55R16R: 1

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

TOYO / YOKO or

Front R/Bal. 5 mmL/Bal. 5 mmD.O.A. 31/1/92Survey held at Wah Heng

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

Rear RH

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

Date / Time Action / Instruction

MK-63K

16/2/22 Steve informed LS \$3650 (Red 1581.40, 30%)

Date/Time, File Pass to?

1) _____
Date/Time, File Return to?2) 16/2/22-typistReport Format: TPLump Sum / T.B.H: (\$ 3650)Days Of Repair: 5Resurvey No. of Trip: 2

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

1405050+5055345