

ASS. REC. BY:

REF:

FC2/22001123/K9f3

C

Kenneth

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: _____

Policy No. _____

Claims No. D22000317MFBP

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: 878k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMD 965R Yr Regn: 07, 18

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

Truck / Trailer or

Make: Kia Carens CRDi 1685Colour: M.P Blue A/C: Insured / Std / NI / NASp. Reading: 268263 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNA14U815VJ.7211391Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/Rlm / STD A/Rlm or

Tyre Size: Granlander 205/55R16R Duratun

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

TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 30/1/22

Survey held at

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 14/2/2022

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

O/S Frt

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

Date / Time Action / Instruction

15/12 @ 310d Cahn CRD 2460.60, 41%23/07/22 @ 11.46am revised to FC1 by email.

Date/Time, File Pass to?

1) 23/07/22 ☐ : Prel. Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.T. (\$) TP
3100Days Of Repair: 4

Resurvey No. of Trip:

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

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

140

50

14

204