

ASS. REC. BY:

REF:

102/ 22001740/KV f3

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: SLE 6781X

Policy No. _____

Claims No. D22000533MFZH

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: \$ 79k

IDAC Accident Rpt: _____

Consistent?: Yes or No

GIA / PR Seen: _____

Consistent?: Yes or No

Est. Repairs: _____

02

days

Res.: Yes or No

Lum Sum: _____

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

SMC 73601A

Yr Regn: _____

07.18

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

Truck / Trailer or _____

Make: _____

Kia Carens

c.c

1685

Colour _____

M.D. Gray

A/C: _____

Insured / Std / NI / NA

Sp. Reading _____

318478

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

KNA14U815VJ 7211225

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: _____

F: Wanti

205/55ZR16

R: DURATON

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

Front

Rear

R/Bal. _____

J

mm

R/Bal. _____

J

mm

L/Bal. _____

J

mm

L/Bal. _____

J

mm

D.O.A. _____

21/2/22

D.O.I. _____

28/2/2022

Survey held at _____

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

015 km

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

Date / Time

Action / Instruction

4/3 21:50 @ 9000 Ccns (red 2969.60, 76%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 9/3/22-typist

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

130

Transportation:

50

S + RS, SI

Fees

11

Others

TOTAL

191

Report Format: TP

Lump Sum / L.B. (\$ 900)