

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/TP22001812/4+f3

CHEOW PEE YONG DORIS 2136

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SKQ 64524

at Workshop m/s

of

Insured: 651 1810E

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.

Bal. or Market Value: 38

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

2136

Vehicle: IN / OUT

Date: _____ Person Contacted: LIA 29403

Veh No: SKQ 64524 Yr Regn: 17/12/14

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

Truck / Trailer or CA

Make: MIT ASX 2.0 c.c. 1998

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 261977 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM FXTGA2WFZ 005588

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R17

R: _____

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

TOYO / YOKO or

habited

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 21/2/22

D.O.I. 25/2/22

Survey held at _____

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

Rear

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

Date / Time Action / Instruction 21/1/22

AWA 6/2 yrs. 9mths. @ Jay / ien

3/3/22 4/5 @ 5100 insured heavy

red: 2633.60;34%

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: _____

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

Survey Fee: *

Transportation: _____

S + RS _____ SI

Photos

Others

TOTAL

150

50

50+90

91

80

471

Report Format :

Lump Sum / I.B.I. (\$) _____)