

ASS. REC. BY: Marcus

REF:

CS/FC/22003782/Ug43

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMD 687E
at Workshop m/s KT Garage

Insured: SBS 39257

Policy No.

Claims No. D22001003MFBP

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: 69k.

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: Person Contacted: 119h
27A830640 Vehicle: IN / OUT

Date / Time Action / Instruction Dep 10k.

Veh No: SMD 687E Yr Regn: 30/08/18

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

Truck / Trailer or (A)

Make: KIA Cerato EX c.c. 1591

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

Sp. Reading: 80 11-2 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KN AF3416M K5013510

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55 R16
R:

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

TOYO / YOKO or champion

Front

Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 03/04/22 D.O.I. 25/4/22

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, File Pass to?

☐

: Preli. Report

1) 29/4/2022

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

___ S + RS, ___ SI

Photos

Others

TOTAL

150

50

50

74

324

Report Format :

Lump Sum / I.B.T. (\$

TP

2050

28/4/22 L/S & 2050 informed A/I Keary (red & 5586.06, 73%)