

ASS. REC. BY:

REF:

F07 / 220049181K943

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

EM

of

Insured:

Policy No.

Claims No.

D22001544MFCV

Sum Insured:

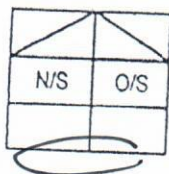
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

\$8k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

06

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

3/23

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SJO 1157K

Yr Regn:

03, 98

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

Truck / Trailer or

Make:

Toy Vios

c.c

1497

Colour

M. Red

A/C:

Insured / Std / NI / NA

Sp. Reading

212527

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR 05314Y9305036798

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: Tourada

185/60R15

R:

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

Hankook

Front

Rear

R/Bal.

7

mm

R/Bal.

2

mm

L/Bal.

7

mm

L/Bal.

2

mm

D.O.A.

19/5/22

D.O.A.

25/5/2022

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

26/5 11 Lr @ 38501 Contd (Red to 4378.68, 53%)

Date/Time, File Pass to?



: Prel. Report

1) 07/6 11:51



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

6

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Survey Fee:

Transportation

S + RS. SI

: Fines

: Others

160

50

24

234

Report Format:

TP

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

3850