ASS. REC. BY: Kenneth

REF: C12/3 2200503olKv

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: PC 8650R

Policy No. DM1SNW00012652101

Claims No. SNM22D203692/C02/CSC

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: ______

IDAC Accident Rport: ______ Consistent? : Yes or No

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

Est. Repairs: 09 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

Veh No: SLP 3669A Yr Regn: 05, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ______

Make: Honda Shuttle c.c 1496

Colour: M. Black A/C: Insured / Std / NI / NA

Sp.Reading 76814 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: GK8 . 1102894

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: Kapsen 185/60R15

R: Arivo

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	8 mm
L/Bal.	7 mm	L/Bal.	8 mm
D.O.A.	26/5/22	D.O.I.	27/5/2022

Survey held at ______

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

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

Date / Time	Action / Instruction
/	EM not ready, PRS, revert to OD claim.
17/6/22	EM repair cost $6-7k

Date/Time, File Pass to?

1) ______

Date/Time, File Return to?

2) 17/6/22-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 9

Resurvey No. of Trip: ______

Add Fee: ☐ : Site Insp ($ ______)

☐ : Interview ($ ______)

☐ Tech Invs ($ ______)

☐ Weekend ($ ______)

Survey Fee:

Transportation:

__S - RS.__SI

Parking

Others

TOTAL

Report Format :

Lump Sum / I.B.I: ($ ______)