ASS. REC. BY: Kenneth

REF: CTZ/ 22005180lkq

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Heng Yap Seng

of _____

Insured: _____

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.

N/S	O/S

Bal. or Market Value: _____

DAC Accident Rport: _____ Consistent? : Yes or No

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

st. Repairs: 06 days Res.: Yes or No

m Sum: 1-B1 % 3 Val.: Yes or No

/ REV / REP. / 24 HRS

Vehicle: IN / OUT

e: _____ Person Contacted: _____

Veh No: SMQ 3051P Yr Regn: _____

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

Make: Toy Voxy c.c 1797

Colour m Black A/C: Insured / Std / NI / NA

Sp.Reading 179899 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZWR80 · 0390126

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : NIl / S/Rlm / STD A/Rlm or _____

Tyre Size: F: 195/65R15

R: _____

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	4 mm	L/Bal.	4 mm
D.O.A.	1/122	D.O.I.	1/6/2022

Survey held at _____

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

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

te / Time	Action / Instruction
/	GIA & EM not ready

File Pass to? ☐ : Prell. Report ☐ : Final Report

File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation: ___$ + RS.___SI

Photos

Others

TOTAL

ormat :

m / I.B.I: ($ _____)