

ASS. REC. BY: Taught

REF:

CS3/CT/2200 5491/79 y3.

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. SNM22D204040/C02

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: 430K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 8 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS PRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKA4185M Yr Regn: 2011 / Feb.Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai 130 c.c. 1591Colour: Black A/C: Insured / Std / NI / NASp. Reading: 170038 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMMHDC81DM-A4075603Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 185/65 R15R: 1 1BS / DUN / EXNOVA / GY / FS / LIZA / MIO / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front RearR/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 10/6/220 270pmSurvey held at Seng NureeDes. of Damages: Frt / Rear / O/S / NIS / U/C / Rooftop or

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

Date / Time Action / Instruction

Repair Range \$6000 - \$7000, 8 days.

18/07/22 Submit PRS.

Date/Time, File Pass to?

☐ : Prel. Report

1) 18/07 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 8Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$Report Format: MER-PRS

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