

REF: ASM

ASS. REC. BY:

Kenneth

ASSIGNMENT

Veh No:

SML 4115J

Yr Regn:

05, 19

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

Truck / Trailer or

Make:

Hyundai Avante

c.c.

1591

Colour

White

A/C:

Insured / Std / Nil / NA

Sp. Reading

47303

T/Radio:

Insured / Std / Nil / NA

Eng/No:

C/No:

KMH0841CMKU916834

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/55R16

R:

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

Front

R/Bal.

2

mm

L/Bal.

2

mm

D.O.A.

29/6/22

Rear

R/Bal.

2

mm

L/Bal.

2

mm

D.O.I.

1/7/2022

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.

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

Thian Heng 1st

of _____

871A

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

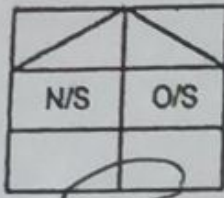
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 880k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 2-3 days

Res.: Yes or No

Lum Sum: 1B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Date / Time

Action / Instruction

EH not ready

Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: _____

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

) S + RS. SI

) Fin. Ins

) Others

TOTAL

ort Format :

p Sum / I.B.I: (\$