(08/11/13) we

ASS. REC. BY: [signature] | REF: CS/EG122066977/Rvy3 | 2004

COF – 2023/NOV

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SJL 1858D

at Workshop m/s MY CAR CONSULTANT

of 60, JLN LAM HUAT #05 - 21

Insured: CTI

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: 10K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJL1858D Yr Regn: 2008 / NOV

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

Make: HONDA FIT 1.3GA c.c 1339

Colour BLUE A/C: Insured / Std / NI / NA

Sp.Reading 245575 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GE61081697

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: 195/60R15

R: –

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

Front			Rear		
R/Bal.	5	mm	R/Bal.	5	mm
L/Bal.	5	mm	L/Bal.	5	mm
D.O.A.	12/07/22		D.O.I.	10/10/22	

Survey held at MY CAR CONSULTANT

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

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

Date / Time Action / Instruction

REPAIR LIMIT – 6K

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: [ ] : Site Insp ($) __S + RS__SI

[ ] : Interview ($) Photos

[ ] : Tech. Invs ($) Others

[ ] : Weekend ($)

Report Format :

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

TOTAL