

ASSIGNMENT

From:

Date:

Estimated Cost:

☒ QD / ☐ TP / ☐ WS / ☐ TP RES / ☐ OD RES / ☐ EVA / ☐ INV / ☐ MV

To Inspect Vehicle No:

at Workshop m/s KAN FOOK SING MOTOR

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess: TBA

(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: \$120k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 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: SLG1485Z Yr Regn: 22 Sep/2016

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

Truck / Trailer or

Make: MERCEDES BENZ E200 c.c. 1991

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

Sp. Reading: 65277 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD2130422A042689 *

Gen. Cond: ☒ Good ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ Inorder ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ Inorder ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: Nil / S/Rim / ☒ STD A/R or

Tyre Size: F: 245/45R18

R: //

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A.

D.O.I. 04-10-2022

Survey held at W/S 11AM

Des. of Damages ☒ Frt ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : W/Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Other:

TOTAL

Report Filed:

Long. Cdn / MPB: