ASS. REC. BY: Kenneth | REF: FCI/22011097/KV | C

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Goldbell

of Amk

Insured: SBS 3T

Policy No. _____

Claims No. D22003467MFBP

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

10.30am

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 01 days Res.: Yes or No

Lum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBK1070J Yr Regn: 12/19

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

Make: Opel Vivaro c.c 1598

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 74818 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WOVF7GGC8JV606176

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 215/60R15

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	9 mm
L/Bal.	7 mm	L/Bal.	9 mm

D.O.A. 02/11/22 D.O.I. 17/11/2022

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.

Date / Time	Action / Instruction
29/11	L/Lmp @ 350k Centre (red 785, 69%)

Date/Time, File Pass to?

1) _____ : Prell. Report

: Final Report

Date/Time, File Return to?

2) 30/11/22-typist

Days Of Repair: 1

Resurvey No. of Trip: 1

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

Report Format : TP

Lump Sum / ~~I.B.I.~~ ($ 350

Survey Fee:	100
Transportation	50
$ - RS SI	50
Photos	9
Others	
TOTAL	209