

ASS. REC. BY:

REF:

ASm/22011112/1kp

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Thian Heng Hwa

Insured: 2883

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: \$75k

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Sum Sum: 20 % 3 Val.: Yes or No

A / REV / REP. / 24 HRS

Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLS 4896M Regn: 09, 17

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

Truck / Trailer or _____

Make: Toy CHR c.c. 1797

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

Sp. Reading: 161550 T/Radio: Insured / Std / NI / NA

Eng/No: _____ C/No: 84X10 . 2052103

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/45ZR19
R: _____

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

Front R/Bal. 8 mm Rear R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 3/11/22 D.O.I. 8/11/2022

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or O/S Rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>Est NOT ready</u>

o, File Pass to? : Prell. Report

: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

S + RS. SI

P. 1.25

Others

Format :

Sum / I.B.I: (\$ _____)