ASS. REC. BY: Steve | CS3/SMR2200860/EQ4351

ASSIGNMENT

From: PRS Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 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: EBN 17E Yr Regn: 14/8/14

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

Make: KYMCO K-XCT 300i c.c 125/199

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

Sp.Reading 1809 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RFBD87000L1000119

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 120/70-14 55P

R: 140/70-14 68P

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	18/8/22	D.O.I.	7/9/22

Survey held at Hwa Chin

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
	MV-SK
	ESTIMATE RANGE OF COR $3000-$4000.
29/11/22	Submit LS $3300, 4 days. (Red $1800, 35%)

Date/Time, File Pass to?

1) 29/11 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Report Format : TP

Lump Sum Est: ($ 3300)

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:	
Transportation:	
$ + RS. SI	
Photos	
Others	
TOTAL	