ASS. REC. BY: Kenneth | REF: C121

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Thian Hin

of 052N

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: $

DAC Accident Rport: _____ Consistent? : Yes or No

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

t. Repairs: 8-10 days Res.: Yes or No

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

/ REV / REP. / 24 HRS

Vehicle: IN / OUT

e: _____ Person Contacted: _____

Veh No: SMH 2987U Yr Regn: 06/16

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

Make: Toy Vellfire c.c 2493

Colour M.P. White A/C: Insured / Std / NI / NA

Sp.Reading 143335 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: AGH30 - 0040734

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : NII / S/Rim / STD A/Rim or _____

Tyre Size: F: TOYO

R: 235/50R18

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	27/12/22	D.O.I.	28/12/2022

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.

te / Time	Action / Instruction
/	GIA & En not ready

File Pass to? _____ ☐ : Prell. Report ☐ : Final Report

File Return to? _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Fuel: _____

Others _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

TOTAL _____

Format : _____

um / I.B.I: ($ _____)