

ASS. REC. BY:

REF:

HSB/230013601kp

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

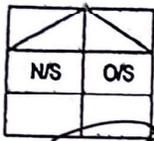
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 8136K

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 05 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Veh No: SML 3999G Yr Regn: 01, 21

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

Truck / Trailer or Wagen

Make: Kia Seltos c.c. 1353

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

Sp. Reading: 32073 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: M8BEP811V6N123613

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or

Front 7 mm Rear 7 mm

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 18/1/23 D.O.I. 20/2/2023

Survey held at _____

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

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

Date / Time Action / Instruction

Date/Time, 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 (\$)

Report Format :

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

Survey Fee table with columns for Transport, Site, Interview, Tech Invs, Weekend, and Total.

Vertical text on the left margin: Singapore 5707...