ASS. REC. BY: Kenneth

REF: AIS/23001893/Kw

C

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Lian Her

of _____

Insured: Tan

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: $79/c

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 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: SLV 2243H Yr Regn: 12, 17

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

Make: Toy CHR c.c 1797

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

Sp.Reading 607879 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZYX10 - 2087406

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: Arivo 215/60R16

R: Arivo

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

Front		Rear	
R/Bal.	3 mm	R/Bal.	7 mm
L/Bal.	3 mm	L/Bal.	7 mm
D.O.A.	9/2/23	D.O.I.	24/2/2023

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
1	GIA & EM not ready
16/3	UCm @1750/- Cash @04 days (Red $1,769.30/50%)

Date/Time, File Pass to? 16/03/2023 typist

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☑ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ - RS: _____ SI

Parking: _____

Others: _____

TOTAL: _____

Report Format : TP

Lump Sum / I.B.I: ($ L/S $1,750.00