ASS. REC. BY: Kenneth | REF: CTZ / 23002314 / Kqp3 | C

ASSIGNMENT

From: | Date:
Estimated Cost:
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No:
at Workshop m/s Thian Hh
of 687F
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
Date: Person Contacted: Vehicle: IN / OUT

Veh No: SNY 4261 Yr Regn: 03, 18
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Wagon
Make: Opel Astra P c.c 1364
Colour M-Black A/C: Insured / Std / NI / NA
Sp.Reading 59750 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: WOVPE9EC3J1042159
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: Continental
R: Falken 225/50R17
BS / DUN / ENOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	9 mm	R/Bal.	8 mm
L/Bal.	9 mm	L/Bal.	8 mm
D.O.A.	28/2/23	D.O.I.	6/3/2023

Survey held at
Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or N/S body
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	Eva not ready
2/8	V1 Rep @ 3300 Cash (Red $17032.30, 84%)

Date/Time, File Pass to? 03/08 Typist
Date/Time, File Return to?
☐ : Prell. Report
☐ : Final Report
Days Of Repair: 4
Resurvey No. of Trip: 1
Survey Fee:
Transportation: $ - RS $
Add Fee: ☐ : Site Insp ($) Parking
☐ : Interview ($) Others
☐ Tech Invs ($)
☐ Weekend ($)
TOTAL
Report Format : MER-TP
Lump Sum / I.B.I: ($ 3300

Add Fee: ☐ : Interview ($) Parking
☐ Tech Invs ($) Others
☐ Weekend ($)
TOTAL
Report Format :
Lump Sum / I.B.I: ($