ASS. REC. BY: Kenneth

REF: SMR/ 23003612K vy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Soon Seng

of 354K

Insured: SHF 225S

Policy No. _____

Claims No. TAX/03/23/2072

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: 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: SKZ 6988T Yr Regn: 12, 15

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

Make: Mer C180 c.c 1595

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

Sp.Reading 153974 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2050402R 120051

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: 225/50R17

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	29/3/23	D.O.I.	10/4/2023

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
/	PRS
11/4/23	Est repair cost $4-5k

Date/Time, File Pass to? ☐ : Prell. Report ☐ : Final Report

Date/Time, File Return to? 11/4/23-typist

Format :

Lim / I.B.I: ($)

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ Tech Invs ($) ☐ Weekend ($)

Survey Fee: _____

Transportation: $ - RS. SI

Fees

Others

TOTAL

Date/Time, File Pass to? ☐ :

Date/Time, File Pass to? ☐ : Prell. Report ☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($