

ASS. REC. BY:

REF: SMO/23004042/KV y3-1Kenneth**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Soon Lu Chouof 5032 283 6096Insured: SMV 2939J

Policy No. _____

Claims No. CMTD2301536/GPL

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 2pm

(Policy Condition)

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

Bal. or Market Value: \$43k

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 04-5 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKS6709U Yr Regn: 04, 15Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or AMake: BMW 316i C.C. 1588Colour: White A/C: Insured / Std / NI / NASp. Reading: 178173 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA3A160XCNS38395Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD A/Rlm orTyre Size: F: 245/35 ER19

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 15/4/23 D.O.I. 20/4/2023Survey held at 2pmDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or2/15

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

Date / Time Action / Instruction

1 PRS21/4/23 En repair cost \$7-9k10/5/23 Submit LS \$6050 (Red 10,830, 64%)

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2) 10/5/23-typist

Report Format :

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

Days Of Repair: 5

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S - RS, SI

P. Photos

Others

TOTAL