

ASS. REC. BY:

REF:

TD / 23005378/Kcp

Kenneth

GRB

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / QD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

Lim Tan

of

Insured:

Policy No.

Claims No.

Sum Insured:

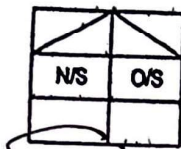
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

\$67K

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3-7 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 6509C

Yr Regn:

01, 18

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

Truck / Trailer or

Make:

Kia Cerato

C.G.

159

Colour

M. Red

A/C:

Insured / Std / NI / NA

Sp. Reading

170369

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KNAFZ 411 M.J 5757854

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/40R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

22/3/23

D.O.I.

26/5/2023

Survey held at

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

Rear N/S & 15m

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS \$

Fees

Others

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Report Format:

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

TOTAL