ASS. REC. BY: Kenneth

REF: LPC/ 23006012/KV

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Wah Yu

of 176 05-09 2941

Insured: GR 663J

Policy No. _____

Claims No. 22/23/23/VC05/027546

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: @ 94K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 12-14 days Res.: Yes or No

um Sum: 20 % 3 Val.: Yes or No

A / REV / REP. / 24 HRS

ate: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SNC5849R Yr Regn: 07/18

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

Make: Honda Civic (A) c.c 1498

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

Sp.Reading 119619 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRHFC1660 JT000084

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: _____

R: 235/45ZR17

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	12/6/23	D.O.I.	14/6/2023

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, no documents given, Bootlid jammed
	24 Physic cost @10-12K

no, File Pass to? ☐ : Prell. Report ☐ : Final Report

Days Of Repair: 14

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ S + RS. ___ SI

e, File Return to? 15/6/23-typist

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

Others _____

TOTAL _____

Format : _____

Sum / I.B.I: ($ _____)

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ S + RS. ___ SI