

ASS. REC. BY:

REF:

FC2/ 23006746/KV

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Motors Edgevantex

of 0771

Insured: SG 1056X

Policy No. _____

Claims No. D23002328MFBP

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

100m

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SIF 3186 Yr Regn: 02, 17

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

Truck / Trailer or (A)

Make: Volvo V40 72 c.c. 1498

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 14888 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: YVIMV2810112408083

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: Yoko 205/55R16

R: _____

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

TOYO / YOKO or Falken

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 30/6/23 D.O.I. 7/7/2023

Survey held at _____

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

2/1/19

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

Date / Time	Action / Instruction
<u>2/1/23</u>	<u>8690 Cash (red 2189, 76%)</u>

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

Days Of Repair: 2

Resurvey No. of Trip: _____

1) _____
2) 3/8/23-typist

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

Survey Fee:	110
Transportation:	50
S - RS - SI	50
Fees:	12
Others	
TOTAL	222

Report Format : TP
Lump Sum / I.B.I: (\$ 690)