

(08/11/23)

ASS. REC. BY:

NA2

REF:

CS4/MSG23006885/Nny3

MSG

415

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s

KAN Fook SING

of BLK 8 JTC DEFUND CITY #04-29

Insured: _____

Policy No. _____

Claims No. _____

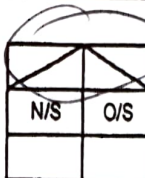
Sum Insured: _____

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: 70K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBJ4281CYr Regn: 17 APR 2019

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

Truck / Trailer or

Make: MITSUBISHI CANTER FEAO1 c.c. 2,998Colour: WHITEA/C: Insured / Std / NI / NASp. Reading: N/AT/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FEAO1BA30135Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: NII / S/Rim / STD A/Rim or

Tyre Size: F: _____

N/A (Burnt)

R: 185/75R15

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

TOYO / YOKO or

BSCR) FC BURNT)

Front

Rear

R/Bal. N/A mmR/Bal. 3 mmL/Bal. N/A mmL/Bal. 3 mmD.O.A. 4/7/2023D.O.I. 10/7/2023

Survey held at

KAN FOOK SINGDes. 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
	<u>COE Rebate \$7,773.00</u>
	<u>Repair Limit 60K</u>
	<u>WSP did not put up estimate. uneconomical to repair. recommended total loss</u>
<u>03/08/23</u>	<u>submit extensive total loss</u>

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: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Photos

Others

TOTAL

Report Format: _____

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