

ASS. REC. BY:

REF: 175B/23008948/1Kp

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / PWS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Tong Luk

of 7788

Insured: _____

Policy No. _____

Claims No. _____

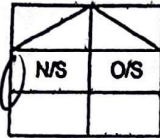
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 870k

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBT 62482 Yr Regn: 06/19

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

Truck / Trailer or _____

Make: Mer Vito 114 cpi c.c. 2143

Colour: White AC: Insured / Std / NI / NA

Sp. Reading: 195799 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDI=44760323567924

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: M / S/Rlm / STD A/Rlm or

Tyre Size: F: 205/65R16

R: _____

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

TOYO / YOKO or Greenlander

Front

Rear

R/Bal. 8 mm

R/Bal. 8 mm

L/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 6/6/23

D.O.I. 11/7/2023

Survey held at _____

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

N/S Rear

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

Days of Repair: _____

1) Date/Time, File Return to?

: Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

2) _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Transportation

S - RS, SI

Fin. Inv.

Others

TOTAL

Report Format :

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