ASS. REC. BY: NA2 | REF: CS3/CTI24120279/Nvh3 | CTI | L/S

# ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SKW 9669K

at Workshop m/s CARGUYS PTE LTD

of 1 KAKI BUKIT AVE 2 #02-09

Insured: SMJ 5843U

Policy No. _____

Claims No. SNM24D206962

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: 275K X X X

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 5 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: SKW 9669K Yr Regn: 17 FEB 2021

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

Make: BMW X6 XDRIVE 40I MSPORT c.c 2,998

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

Sp.Reading 50,617 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBACY62090 9E94084

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 315/35 R21

R: 11

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. | 10/12/2024 | D.O.I. | 19/12/2024 |

Survey held at CARGUYS PTE LTD

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

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

CTI L/S

| Date / Time | Action / Instruction |
|---|---|
| | COE Rebate $128,980.00 |
| | Repair Limit: $143K |
| | Repair Range $30K – $50K |
| 27/12/24 | Submit PRS, repair range $30,000-$50,000 |

Date/Time, File Pass to? 1) _____

Date/Time, File Return to? 2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

| | |
|---|---|
| Survey Fee: | |
| Transportation: ___S + RS___SI | |
| Photos | |
| Others | |
| TOTAL | |