(08/14/13) wef

ASS. REC. BY: Marcus

REF: CS/ MSG 24120438/Mapsez

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SNG 4246D

at Workshop m/s BMI

of

Insured: FBU 4824D

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.**

N/S	O/S

Bal. or Market Value: $43k.

IDAC Accident Rport: Consistent? : **Yes** or **No**

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

Est. Repairs: 3 days Res.: **Yes** or **No**

Lum Sum: 1.B.1 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS 0021

Vehicle: **IN / OUT**

Date: Person Contacted: 24182143 4

Veh No: SNG 4246D Yr Regn: 26/12/17

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

Make: Toyota C-HR Hybrid c.c 1797

Colour White A/C: **Insured / Std / NI / NA**

Sp.Reading 119706 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: ZYX10 2032132

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: 215/60R17

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	26/12/24	D.O.I.	8/1/25

Survey held at

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

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

Date / Time	Action / Instruction
10/2/25	P/P $2011.78 inform Kenny (Red $3019.29, 60%) Dep 14k.

Date/Time, File Pass to? ☐ : **Preli. Report**

1) 10/2 finish ☐ : **Final Report**

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format : MER-TP

Lump Sum / I.B.I: ($ 2011.78)

Survey Fee:

Transportation: __S + RS.__SI

Photos

Others

TOTAL