

REF: CFI

1138/JC

ASSIGNMENT

From

Date: 28/1/19

Veh No

SDY 82785

Yr Regn

31 Mar 2010

Estimated Cost

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /OD: TP/WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To inspect Vehicle No:

SDY 82785

Make:

Lancer GLX

c.c. 1584

at Workshop m/s

Automotive Repair

Colour

Silver

A/C: Insured / Std / NI / NA

of 38 woodlands Ind. park E1 #05-18

Sp. Reading

152387

T/Radio: Insured / Std / NI / NA

Insured

Eng/No:

Policy No.

C/No:

JMYSRCS3AAU000320

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

Morning

Modi: Nil / 8/Rim / STD A/Rim or

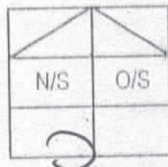
(Policy Condition)

Tyre Size:

F: 195/60 R15

R: —

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



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

TOYO / YOKO or

Falken

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent?: Yes or No

R/Bal.

6

mm

R/Bal.

6

mm

GIA / PR Seen:

Consistent?: Yes or No

L/Bal.

6

mm

L/Bal.

6

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

8/1/19

D.O.I.

28/1/19

Lum Sum:

%

3 Val.: Yes or No

Survey held at

Automotive

CA / REV / REP. / 24 HRS ^{up}Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

Survey Fee:

Transportation

) S + RS SI

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

Report Format:

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

TOTAL