CS/SMO20005514/TISF3

ASS. REC. BY: Taufikh REF: SMO

ASSIGNMENT

COE 2024, Aug

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ _____

of _____

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.

N/S	O/S

Bal. or Market Value: $34K

IDAC Accident Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: YN5735K Yr Regn: 2014, Aug

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

Truck / Trailer or Lorry with TMA

Make: Mitsubishi Canter FE83J1 c.c 2998

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

Sp.Reading 214263 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FE83J1GA000011

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: 215/75R17.5

R: " " (D)

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

TOYO / YOKO or Falken

Front		Rear	
R/Bal.	6 mm	R/Bal.	6/6 mm
L/Bal.	6 mm	L/Bal.	6/6 mm
D.O.A.		D.O.I.	4/5/20 @ 11am

Survey held at 14 Tampines Industrial Dr CMT

Des. 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
	TAUFIKH CONFIRMED L/S $ 32,000.00/18 DAYS WITH DARREN
	L/S 14,000.00 @ 5 DAYS (EXCLUDE TMA)
	L/S $ 18,000.00 @ 13 DAYS (TMA ONLY)
	($ 20,452.39/RED - 59%) - EXCLUDE TMA
	($ 28,850.00/RED - 62%) - TMA ONLY
	RE-OPEN CASE FOR AMENDED REPORT

Date/Time, File Pass to?
15/07/2020
1) TYPIST
Date/Time, File Return to?
2) _____

☐ : Prell. Report
☑ : Final Report

Days Of Repair: 18

Resurvey No. of Trip: 2

Add Fee: ☐ Site Insp ($ _____)
☐ Interview ($ _____)
☐ Tech. Invs ($ _____)
☐ Weekend ($ _____)

Survey Fee: _____
Transportation: _____
__S + RS__Si
Photos _____
Others _____
TOTAL _____

Rep Forms : _____

Lump Sum I.B.I: (L/S $ 32,000.00)