

CS/SMO20005514/TISf3

ASS. REC. BY: Taufik

REP:

SMO

ASSIGNMENT

10E 2024, Aug

From: _____ Date: _____

Veh No: YN 5735K Yr Regn: 2014, Aug

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 Lorry with TMA

To Inspect Vehicle No: _____

Make: Mitsubishi Canter FEB71 c.c. 2998

at Workshop m/s _____

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

of _____

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

Insured: _____

Eng/No: _____

Policy No: _____

C/No: FE B71G #00011

Claims No: _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh: _____

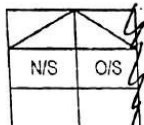
Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

Tyre Size: F: 215/75R17.5

R: n n (D)

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: \$34K

Front: _____ Rear: _____

IDAO Accident Rpt: _____ Consistent? : Yes or No

R/Bal. 6 mm R/Bal. 6/6 mm

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

L/Bal. 6 mm L/Bal. 6/6 mm

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

D.O.A. _____ D.O.I. 4/5/2006

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

Survey held at 14 Tampines Industrial Dr CMT

CA / REV / REP. / 24 HRS

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

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)

☐ : Prel. Report

☒ : Final Report

Days Of Repair: 18

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Invs (\$)

☐ Weekend (\$)

Rep. Form:

Lump Sum L/S \$ 32,000.00)