(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/ASM2000 6803/Upv3

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP DWS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLZ8448S

at Workshop m/s Asia

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: $872.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 50 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS L7A40471 Vehicle: IN / OUT

Date: Person Contacted: Reg 8803

Veh No: SLZ8448S Yr Regn: 3 / 18

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

Make: subaru forester 2.0 c.c 1995

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

Sp.Reading 47233 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JF1SJSKC5JG105884

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/50 R 18

R:

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	28/6/20	D.O.I.	30/6/20

Survey held at —

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

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

Date / Time	Action / Instruction
8/7/20	confirmed L/S @ 3200 w.e.f AH long

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	