

ASS. REC. BY: PersonREF: CS/AH 20008590/R15P36062

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

☒ OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SLZ 663Hat Workshop m/s CYUE & CARRIAGEof 201, PANDAN GARDENInsured: AH

Policy No. _____

Claims No. _____

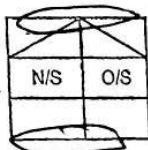
Sum Insured: _____

Excess: TBA

(Client's Record)

Make of Veh: _____

(Policy Condition)

ColoRemark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 50K

IDAC Accident Rpt: _____ 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: SLZ 663HYr Regn: 2018 / APR

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

Truck / Trailer or

Make: MTSUBISHI ATTACHEE 1-2 CVT c.c. 1193Colour: GREY

A/C: Insured / Std / NI / NA

Sp. Reading: 01492

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MMBSTA13AJH001940

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orMod: Nil / ☒ R/Rim / STD A/Rim orTyre Size: F: 185/55R15

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 5 mmR/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. 15/08/2020D.O.I. 18/08/2020Survey held at CYUE (PA)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
	<u>Repair limit (17k)</u>
	<u>RASUL CONFIRMED G/S \$ 25,000.00/20DAYS WITH JOJO</u>
	<u>(\$ 11,216.37/RED - 31%)</u>
	<u>MV - \$ 72,999.00 (NEW)</u>
	<u>LTA - \$ 32,168.00</u>
	<u>NETT - \$ 40,831.00</u>

Date/Time, File Pass to?

06/10/2020

1) TYPIST

Date/Time, File Return to?

2) _____

☐ : Prel. Report☒ : Final ReportDays Of Repair: 20Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

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

Rep. Format: _____

Lump Sum / L.B.A. (\$ 25,000.00 G/S)