(08/11/13) wef

ASS. REC. BY: Maria

REF: CS/UO/20010729/Uvf3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMF5348D

at Workshop m/s RY

of

Insured: GBJ3437C

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: $63k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 9483 Vehicle IN / OUT

Date: Person Contacted:

Veh No: SMF5348D Yr Regn: 11/18

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

Make: Hyundai Elantra c.c 1591

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

Sp.Reading 64492 T/Radio: Insured / Std / NI / NA

Eng/No

C/No: KMHD841CMJU740591

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Intact / Jammed / Leaked / Burnt or

Brake: Intact / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/55R15

R:

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

Front			Rear		
R/Bal.	6	mm	R/Bal.		mm
L/Bal.	6	mm	L/Bal	6	mm
D.O.A.	8/10/20		D.O.I.	6/10/20	

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
	LTA $31105 Dep 7k.

8/10/20 4/5 $5400 confirmed with Alan (Red 8764.20, 62%)

Date/Time, File Pass to? 1) [ ] : Prell. Report [ ] : Final Report

Date/Time, File Return to? 2) 15/10/20-Typist

Report Format : TP

Lump Sum ~~I.B.I.~~ ($ 5400)

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee: [ ] : Site Insp ($) [ ] : Interview ($) [ ] : Tech. Invs ($) [ ] : Weekend ($)

4x25=100

Survey Fee:	250+100
Transportation:	60
S / RC / SI	80+80
Photos	28
Others	
TOTAL	668

OSP

20/10/20