

ASS. REC. BY: <u>TCL/lin</u> REF: <u>CSA612001/069/BYD3</u> ASSIGNMENT		Yr Regn: <u>12/12/2019</u>													
From: _____ Date: <u>13/10/2020</u>		Veh No: <u>SMR 9637L</u> Yr Regn: <u>12/12/2019</u>													
Estimated Cost: _____		Type: <u>Car</u> / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /													
OD / <u>P</u> W / TP RES / OD RES / EVA / INV / MV		: Truck / Trailer or													
To Incident Vehicle No: <u>SMR 9637L</u>		Make: <u>Jaguar CTR Hybrid 1.8 cc 1997</u>													
at Workshop n/s <u>Seam Auto Rep</u>		Colour: <u>Yellow</u> A/C: <u>Insured / Std / Nil / NA</u>													
of <u>160 Sea King Dr. # 01-14</u>		Sp/Reading: <u>53296</u> T/Radio: <u>Insured / Std / Nil / NA</u>													
Insured: _____		EngNo: <u>22R2C65226</u>													
Policy No. _____		C/Nb: <u>54X102/63286</u>													
Claims No. _____		Gen. Cond: <u>Good (Fair)</u> / Poor / Burnt													
Sum Insured: _____ Excess: _____		Steering: <u>Worder</u> / Jammed / Leaked / Burnt or													
(Client's Record)		Brake: <u>Worder</u> / Jammed / Leaked / Burnt or													
Make of Veh: _____		Modl: <u>Nil</u> / <u>818</u> / STD A/Rim or													
(Policy Condition)		Tyre Size: <u>F</u> <u>245/60/17</u> <u>Davanti</u>													
Remark: The veh had commenced its repair at the time of Inspection.		R: <u>245/60/17</u> <u>Dun</u>													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">NIS</td> <td style="width:50%; text-align: center;">OIS</td> </tr> </table>		NIS	OIS	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /											
NIS	OIS														
Bal. or Market Value: <u>11,000/2</u>		TYD / YOKO or													
IDAC Accident Report: _____ Consistent?: Yes or No		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Front</td> <td style="width:50%;">Rear</td> </tr> <tr> <td>R/Bal. <u>6</u> mm</td> <td>R/Bal. <u>6</u> mm</td> </tr> <tr> <td>L/Bal. <u>6</u> mm</td> <td>L/Bal. <u>6</u> mm</td> </tr> </table>		Front	Rear	R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm						
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L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm														
GIA / PR Seen: _____ Consistent?: Yes or No		D.O.A. <u>3/10/2020</u> D.O.I. <u>13/10/2020</u>													
Ext. Repairs: <u>6</u> days Res.: Yes or No		Survey held at <u>Seam Auto Rep</u>													
Lum Sum: _____ % 3 Val: Yes or No		Des. of Damage: <u>Frt</u> / Rear / OIS / NIS / UIC / Rooftop or													
CA / REV / REP. / 24 HRS 'WUP'		REAR													
Date: _____ Person Contacted: _____ Vehicle: IN / OUT		The UIC / Chassis/frame / Body Structure affected due to collision.													
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Date/Time, File Parts 1/2? <input type="checkbox"/> : Preil. Report		Days Of Repair: <u>6</u>													
Date/Time, File Return 1/2? <input type="checkbox"/> : Final Report		Reservey No. Of Trip: <u>2</u>													
<u>29/10/2020</u> TYPST		Add Fee: <input type="checkbox"/> : Site Insp (\$) <input type="checkbox"/> : Interview (\$) <input type="checkbox"/> : Tech. Invs (\$) <input type="checkbox"/> : Weekend (\$)													
Rep. Format: _____ Lump Sum / L.B.L. (%) <u>P/P \$3401.97</u>		Survey Fee: _____ Transportation: _____ S + RS \$1 Photos _____ Other _____ TOTAL													