ASSIGNED BY: GQ | REF: CS/CTI20011263/Gqf3

ASSIGNMENT

From: | Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s ALLSWELL MOTOR

of

Insured:

Policy No. DMHCSNA00005762000

Claims No. SNM20D203889

Sum Insured: | Excess: $2000

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: $62k

IDAC Accident Rport: | Consistent? : Yes or No

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

Est. Repairs: 5 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: SLH 8096L | Yr Regn: 18 Nov 2016

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

Make: TOYOTA PRIUS | c.c 1797

Colour: Black | A/C: Insured / Std / NI / NA

Sp.Reading: 336034 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZVW506048595 *

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: 195/65R15

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

Front			Rear		
R/Bal.	5	mm	R/Bal.	5	mm
L/Bal.	5	mm	L/Bal.	5	mm
D.O.A.			D.O.I.	21-10-2020	

Survey held at W/S 11am

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
11/03	Finalized $9105.30 with Ben
	(Red $8124.70, 47%)

Date/Time, File Pass to? | : Preli. Report

1) 18/03 Typist | : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

__S + RS.__SI

Photos

Others:

TOTAL

Report Format: MER-OD

~~Date/Time~~ / REF: 9105.30