(08/11/13) wef

ASS. REC. BY: Marcus

REF: CS/EQ120011A1/usd3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMJ9544D

at Workshop m/s Euroksrs. 27m

of

Insured: YN 40000

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: $80k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

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

Lum Sum: 1.5% % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS LTA 4687

Vehicle: IN / OUT

Date: Person Contacted: Rep Shop

Veh No: SMJ9544D Yr Regn: 3/19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or 4A/

Make: Mazda CX-3 c.c 1998

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

Sp.Reading 7364 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JM6DK2W7AK0416012

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: —

R: 215/60R18

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

Front		Rear	
R/Bal.	f mm	R/Bal.	f mm
L/Bal.	f mm	L/Bal.	f mm

D.O.A. 28/10/20 D.O.I. 4/11/20

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
20/11/20	Confirmed P/P $7926.50 w.h Jen. (c$ 8,924.10 Red -53%)

Date/Time, File Pass to? 20/11/20

1) Typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:) ___S + RS, ___SI

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

Lump Sum / I.B.I: ($ ~~14~~ 7,926.50 P/A