(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC3/MSG20012122/4yf3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SKL 7247R

at Workshop m/s Pf

of

Insured: SLT 92633

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: 69k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS 576C

Vehicle: IN / OUT

Date: Person Contacted: Dep 15k

Veh No: SKL7247R Yr Regn: 18/12/13

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

Make: Toyota vellfire c.c 2362

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

Sp.Reading 295604 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ANH20 8299191

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: 235/50R18

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	5/11/20	D.O.I.	5/11/20

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
	Bal 3yrs. Inh LTA $ 57991
	Neff 11009
17/11/20	L/S $ 7600 Continued with Alan (Red $14,384-26, 65%)

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

1) ☐ : Final Report

Date/Time, File Return to?

2) 13/11/20 Typist

Report Format :

Lump Sum / I.B.I: ($ $7600/=)

Days Of Repair: 5

Resurvey No. of Trip: 3

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) __S + RS, __SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL