ASS. REC. BY: Kenneth

REF: MSG/ 20012674/Kcd3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s S Three

of

Insured:

Policy No. 1001451058

Claims No. 249858

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: $60k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 08 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 02/07 Person Contacted:

Vehicle: IN / OUT

Veh No: SJS 3133L Yr Regn: 02 07

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

Make: Mc (A) S350L c.c 3498

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

Sp.Reading 138314 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD 2211562 A106896

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: 245/40R20

R: 275/35R20

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. 16/11/20 D.O.I. 18/11/2020

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Frt N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
4/1	LIS & ~~Hood~~ Good (Red $73282.10, 77%)

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

1) : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

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 - TP

Lump Sum / ~~I.B.I.~~ ($ 9000)