(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/AIG2100052 4/UPS3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLC1260B

at Workshop m/s nineteen

of

Insured: SGVSOdR

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: @ 45k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted: Des Sk.

Veh No: SLC1260B Yr Regn: 29/4/16

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

Make: mazda 2 c.c 1496

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

Sp.Reading 74845 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MM6DL2SAAGW196897

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: 185/65 R15

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.	9/1/21	D.O.I.	12/1/21

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
	LYA @ 32270
25/1/21	L/S @ 2500 confirmed with Jeremy

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: __S + RS, __SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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