

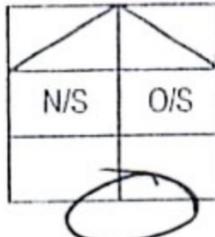
REF:

CS/CTI 2100 1702/Dtg<sup>3</sup>

ASSIGNMENT

COB March 2024

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV, \_\_\_\_\_  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: STW 1332X  
 Policy No: DM PLSN W00002372000  
 Claims No: SNM21D200631/CO2/TANKL  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_



(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.  
 Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 3 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS \_\_\_\_\_  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SSU 50428 Yr Regn: 2009 May  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or 1584  
 Make: Mitsubishi Lancer c.c. 1499  
 Colour: White A/C: Insured / Std / NI / NA  
 Sp. Reading: 142883 T/Radio: Insured / Std / NI / NA  
 Eng/No: 4G18KC4566  
 C/No: JMYSHCS3A9U004567  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 195/55R15  
 R: - - -  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Kumho  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. S mm R/Bal. S mm  
 L/Bal. S mm L/Bal. S mm  
 D.O.A. 02/02/2021 D.O.I. 05/02/2021  
 Survey held at JWG AMK  
 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   |
|-------------|--|
|             | Chine Taping SSW 1332X                                       |
| 21/07/21    | Final L/S 1900/- with 3 days of rev<br>(Red: 18,646.97; 90%) |

Date/Time, File Pass to?  : Preli. Report  
 1) 21/4/21  : Final Report  
 Date/Time, File Return to? \_\_\_\_\_

Days Of Repair: 3  
 Resurvey No. of Trip: 1

Report Format: TP  
 Lump Sum / I.B.I: (\$) 1900/-

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

|                 |  |
|-----------------|--|
| Survey Fee:     |  |
| Transportation: |  |
| S + RS, SI      |  |
| Photos          |  |
| Others          |  |
| TOTAL           |  |