CS/CTI20010468/Gqd3-1

Ass. Rec. By: [illegible] Ref: CTi

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Triple - T Auto

of

Insured:

Policy No. DMHCSNA00001962000

Claims No. SNM20D203585C02

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: $62K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 14 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: YP6525H Yr Regn: 13 Jul 2017

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

Make: Mit Canter c.c 2998

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

Sp.Reading 146576 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: FEB 21CA 200 53

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: 195/85R15

R: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	26-9-20	D.O.I.	09-02-21

Survey held at W/S 5pm

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

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

Date / Time	Action / Instruction
	Cot : 24962

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

1) 15/03 Typist ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 14

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($

☐ : Interview ($

☐ : Tech. Inv ($

☐ : Weekend ($

Survey Fee:

Transportation:

S + RS __ SI

Photos

Others

Report Faxed

Lump Sum 15400