

ASS. REC. BY:

REF:

CS3/CT121001947/R11P3

5210

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MIV

To Inspect Vehicle No: SLN 62304at Workshop m/s MESSRS LAY AUTO WAREHOUSEof 21, DOH GUM RD # 01-16/17Insured: CTI

Policy No. _____

Claims No. _____

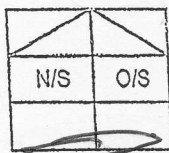
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

3pm

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 67K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLN 62304 Yr Regn: 2017/MAYType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: HONDA VEM 1.5RS CVT c.c 1496Colour: BLACK A/C: Insured / Std / NI / NASp. Reading: 269410 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: R11208693

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Goodman

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 06/02/2021 D.O.I. 15/02/2021Survey held at LAY AUTODes. 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
	<u>Report 1 unit - 19K</u>
	<u>ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (3K-4K) / 5 days</u>

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

i) _____

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Photos

Others

TOTAL

Date/Time, File Return to?

2) _____

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

Rep. Format: _____

Lump Sum / L&A (%) _____