(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/ ASM2100 3092/Ups3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SJS 28 B

at Workshop m/s M.

of

Insured: SHA 1303 4

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: @ 56k.

IDAC Accident Rport: Consistent? : **Yes** or **No**

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

Est. Repairs: 7 days Res.: **Yes** or **No**

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

CA / REV / REP. / 24 HRS SS7A

Vehicle: **IN / OUT**

Date: Person Contacted: Dep 7800 have GIA

Veh No: SJS 28 B Yr Regn: 27/7/09

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

Make: Toyota Vell fire c.c 2362

Colour Black A/C: **Insured / Std / NI / NA**

Sp.Reading 172666 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: ANH 20800 7817

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: 235/50 R18

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.	8/3/21	D.O.I.	9/3/21

Survey held at

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

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

Date / Time	Action / Instruction
	cae until 28-2-2029 LTA $25470 Nett 20530.
29/3/21	L/S @16.800 confirmed with Alex.

Date/Time, File **Pass** to? 1) ☐ : **Preli. Report** ☐ : **Final Report**

Date/Time, File **Return** to? 2)

Days Of Repair:

Resurvey No. of Trip:

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

Report Format :

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

Survey Fee:

Transportation: ___S + RS, ___SI

Photos

Others

TOTAL