

ASS. REC. BY:

Steve

A14

CS/AIG21004673/ETCN2

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No. 1900258740

Claims No. 7862801832SG

Sum Insured:

Excess:

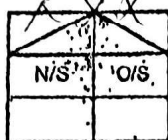
300

(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 Report:

Consistent? : Yes or No

SIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMR 624 B

Yr Regn:

17/12/19

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

Truck / Trailer or

Make:

Mitsubishi Outlander

c.c.

1998

Colour:

Brown

A/C:

Insured / Std / NI / N

Sp. Reading

30296

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

GT 7W 0601733

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/55R18

R:

C1

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

TOYO / YOKO or

Tyo

Front

Rear

R/Bal.

\$

mm

R/Bal.

\$

mm

L/Bal.

\$

mm

L/Bal.

\$

mm

D.O.A.

13/4/21

D.O.I.

13/4/21

Survey held at

cycle &amp; carriage

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

MV-105K

Confirm part by part \$5,538.01, 3 Days before GST and Excess  
Red: 1,842.21; 24%

Date/Time, File, Pass to?



: Prel. Report



: Final Report

Date/Time, File Return to?

Days Of Repair:

3

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

Add Fee:



: Site Insp

(\$



: Interview

(\$



: Tech. Insp

(\$



: Wash and

(\$

\$ + RS, SI

Private

Others

TOTAL

3000 FORM 1

OD

WIP Sum / L.B. / P

5538.01