

ASS. REC. BY: NAZ

REF: CS/CTI21005251/Nvf3

ASSIGNMENT

L13

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SGL 9604C

Policy No. DMPCSNW00071762100

Claims No. SNM21D202279/C2/TANKAHLEONG

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
LHS	RHS

Bal. or Market Value: 91K X X X

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 7 6 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: SL2 6190R Yr Regn: 11 MAY 2018

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

Truck / Trailer or

Make: HONDA FREED HYBRID (C.C) 1,496

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

Sp. Reading: 189,495 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GB71061337

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/65 R15

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / tyre brand
TOYO / YOKO or FIRENZA (F), WESTLAKE (C)

Front Rear

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 20/4/2021 D.O.I. 29/4/2021

Survey held at AP AUTOMOTIVE

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

FRONT OFFSIDE NEARSIDE

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

Date / Time	Action / Instruction
	<u>COE Rebate \$39,093</u>
	<u>Repair Limit \$49K</u>
20/10/21	LS \$6850 confirmed by email (Red 14,229.20, 67%)

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

1) ☐ : Final Report

Date/Time, File Return to?

2) 20/10/21-typist

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation: _____

S + RS _____ SI

Photos

Others

TOTAL

Report Format : Merimen

Lump Sum / t.B.t: (\$ 6850 _____)