(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/A/G2100 6958/4993

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMU 6998

at Workshop m/s KIM

of

Insured: GSC 3300A

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: $21K.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted: C 7834

Veh No: SMU 6998? Yr Regn: 11/2/09

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

Make: Toyota Camry c.c 2362

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

Sp.Reading 102933 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR053BK400703125

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/45ZR17

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	20/6/24	D.O.I.	23/6/24

Survey held at

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

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

Date / Time	Action / Instruction
	COE until 10-2-2024 LTA 8463 NOH 812537
17/7/24	L/S $8000 confirmed w/c Kelvin

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation: ___S + RS___SI

Photos

Others

TOTAL