CS3/MSG20014028/Gtf3-1

Ref. By: Eul. PRS MSG

ASSIGNMENT

Date:

Estimated Cost:

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

Inspect Vehicle No:

Workshop m/s: Garage B

Insured:

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
	O

Val. or Market Value: $43k

DAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJM3421L Regn: 29 Dec 2008

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

Make: Nissan Latio c.c: 1498

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

T/Radio: Insured / Std / NI / NA

Sp Reading: —

Eng/No

C/No: JN1BAAC11Z0020848

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: 195/65R15

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.		D.O.I.	17-12-20

Survey held at: W/S 12pm

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
	$5000 - $6000
	GIA Give later.

SUBMIT LUMP SUM $4100 - 6 days
red:1400;25%

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

Date/Time, File Return to?

Days Of Repair: 6

Resurvey No. of Trip:

Add Fee: Site Insp. S$ Interview S$

Survey Fee:

Transportation:

L/S 4100