(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/LPC21007331/Ugs3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SGW2283H

at Workshop m/s Nof,

of

Insured: GBC 1547T

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: $ 45/c.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted: 8867

Veh No: SGW2283H Yr Regn: 10/07/07

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (4)

Make: Toyota Estima c.c 2362

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

Sp.Reading 281702 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ACR50003524O

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: 225/55-R17

R:

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

Front		Rear	
R/Bal.	S- mm	R/Bal.	S- mm
L/Bal.	S- mm	L/Bal.	S- mm
D.O.A.	1/7/21	D.O.I.	16/8/21

Survey held at

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

Frt O/S.

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

Date / Time	Action / Instruction
	WTA $30940 cos until 09-07-2027
	OI report NO collision
	awaiting TP video.
28/9/21	L/S $2300 confirmed with Edward.

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

Date/Time, File Return to? 2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) __S + RS __SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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