ASS. REC. BY: Kenneth

REF: MSG / 21007898 / kuf3

CS/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SJY 9825C

at Workshop m/s AT Ath

of

Insured: SMZ 1579A 378C

Policy No. 1001714823

Claims No. 260362

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: $29K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 8 ~~05~~ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 09/25 Person Contacted: Vehicle: IN / OUT

Veh No: SJY 9825C Yr Regn: 10, 10

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

Make: Toy Wish c.c 1987

Colour M. Black A/C: Insured / Std / NI / NA

Sp.Reading 380395 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDGJ20W805003212

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16

R:

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	23/7/21	D.O.I.	26/7/2021

Survey held at

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

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

Date / Time	Action / Instruction
/	Est not ready
	10/8/2021 Revise to MSIG via Merimen.
	Confirmed L/S $9050, 8 repair days. (RED $10428.75; 54%)

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

30/11 TYPIST ☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 8

Resurvey No. of Trip: 1

Survey Fee:

Transportation: $ - RS SI

Parts

Others

TOTAL

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ Tech Invs ($)

☐ Weekend ($)

Report Format : TP

Lump Sum / ~~I.B.I.~~ (5 $9050