ASS. Rec. By: GQ | REF: CTI

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / NS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s VIN'S AUTO

of

Insured:

Policy No.

Claims No. SNM21D204008/C01

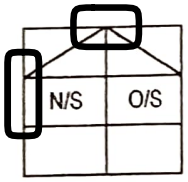
Sum Insured: Excess: 250

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**



Bal. or Market Value: $79k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLE9057J Yr Regn: 30 Aug 2019

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

Make: SUBARU IMPREZA 4D 2.0I c.c 1995

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

Sp.Reading 41592 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JF1GK7KL5KG011938 *

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: 205/50R17

R: 205/50R17

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.	10-08-2021

Survey held at W/S 11am

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
	Total Rebate Amount $44,087
	NO ESTIMATE PROVIDED
	06/08/21@2.21pm Informed by Adeline the vehicle will tow to Vin's Auto for repair at $30K before excess.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

__S + RS__SI

Photos

Others

TOTAL