

ASS. REC. BY:

Star

REF

CS/CTI 21998271/EVC

EVC

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured: YQ 976Z

Policy No. DMCVSNW00068922000

Claims No. SNM21D204130/C02/THAMYL

Sum Insured:

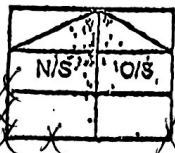
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report Consistent? : Yes or No

SIA / PR Seen Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Cum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SLQ 87696

Yr Regn:

16/2/12

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

Truck / Trailer or

Make:

Hyundai Elantra

C.B.

1891

Colour:

Silver

A/O: Insured / Std / NI / N

Sp. Reading

N/A

TIRadio: Insured / Std / NI / N

Eng/No:

C/No:

KMH1041CMC 423563

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brakes: In order / Jammed / Locked / Burnt or

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

Tyre Size:

P:

295/55R16

R:

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Pirelli

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

11/7/21

D.O.A.

6/8/21

Survey held at

Auburn

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

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

MV - 15K

PK - 9853

NV - 5147

10/8/21

Submit uneconomical Total Loss MV: \$15,000 (est) LTA: \$9853 NV: \$5147.00 LS \$7250

Date/Time, File, Ross to:



: Prel. Report



: Final Report

Date/Time, File Return to:

10/8/21-Typist

Days Of Repair:

Resurvey No. of Trips:

Survey Fee:

Transportation

S + RS - SI

Provision

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech. Inve (\$



Weld and (\$