

ASS. REC. BY: Tan JTH

REF:

CS/A1621008862/T1v83

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SMK 2891U

Policy No. _____

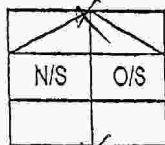
Claims No. 4523891743SG

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: \$54K.

IDAC Accident Report: _____ 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 WP'

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLD8439C Yr Regn: 2016, June 29Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda 3. c.c. 1496.Colour Red A/C: Insured / Std / NI / NASp. Reading 127313 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BM42A-8 G0342439Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orMod: ☒ NII / STD A/Rim orTyre Size: F: 215/60R16R: n

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

TOYO/YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 13/8/21 D.O.I. 24/8/21Survey held at TSL Auto.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
17/1/22	LS \$7700 (Red 15,413.84, 66%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 17/1/22-typist

Days Of Repair: 8Resurvey No. of Trip: 2

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format: MerimenLump Sum / H.R. / P. \$7700