ASS. REC. BY: Tanjith | REF: CS3/CT12100913O/T14C.

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SGP 8881D

at Workshop m/s GARAGE 13

of _____

Insured: YP 1491D

Policy No. DMCVSNW00013042100

Claims No. SNM21D204830/C02

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
	X

Bal. or Market Value: $80K.

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS "WP" PRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SGP8881D. Yr Regn: 2018 / April

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

Make: Mazda 6 c.c 1998

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

Sp.Reading 33930 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6GL1071J014203.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : NII / S/Rim / STD A/Rim or _____

Tyre Size: F: 225/55R17

R: 〃 〃

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.	31/8/21 @5pm.

Survey held at Garage 13.

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
	Repair Range : $4000 - $6000, 7days
	GIA uploaded in Views.
6/9/2021	Submit PRS.

Date/Time, File Pass to? 1) 6/9 TYPIST ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2) _____

Days Of Repair: 7

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____) ☐ : Tech. Invs ($ _____) ☐ : Weekend ($ _____)

Report Format : TP

Lump Sum / I.E.A: ($ _____)

Survey Fee:	
Transportation:	
___S + RS.___SI	
Photos	
Others	
TOTAL	