ASS. Filed By: GQ | REF: CS/ CTI 21009278/Gvc

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s SC AUTO

of

Insured:

Policy No. DMB1SNW00000732101

Claims No. SNM21D204764/C1/IRENE

Sum Insured: Excess: ~~TBA~~ 2000

(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: $ 32k FLOOD

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

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

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

CA / [REV] / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: CB7198X Yr Regn: 17 Jul/2013

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

Make: TOYOTA COASTER 19 SEATER c.c 4009

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

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

Eng/No:

C/No: JTGFP538003500536 *

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: 215/75R17.5

R: 215/75R17.5

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 20/8/2021 D.O.I. 02-09-2021

Survey held at W/S 1PM

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

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

Date / Time	Action / Instruction
15/12/22	Final fig $13,091 confirmed with Raymond (Red 14,133, 51%)

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2) 15/12/22-typist

Days Of Repair: 10

Resurvey No. of Trip: 3

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Survey Fee:

Transportation:

___S + RS.___SI

Photos

Other:

TOTAL

Report Format: Merimen

Lump Sum / UPD: $13,091