ASSIGNED BY: GQ | REF: CS/SMR21009541/Gqf3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLT 9517U

at Workshop m/s MOTOR IMAGE

of

Insured: SHB 96T

Policy No.

Claims No. TAX/09/21/2008

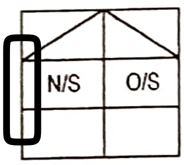
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value: $72k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 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: SLT9517U Yr Regn: 17 Nov 2017

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

Make: SUBARU FORESTER 2.0I c.c 1995

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

Sp.Reading 66268 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JF1SJ5KC5JG099650 *

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: 205/60R17

R: 205/60R17

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.	12-10-2021	

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
	Guo Qiang finalised final fig $3818.52, 4 days. (Red $2962.68, 44%)

Date/Time, File Pass to? 1) 04/03 Typist

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to? 2)

Days Of Repair: 4

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

__S + RS.__SI

Photos

Other:

TOTAL

Report Format: TP

[redacted] / LEB: 3818.52