ASS. REC. BY: Marcus | REF: CC4/111210/98721/4093

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMW475M

at Workshop m/s C&C 10am

of

Insured: SKE 6363G

Policy No.

Claims No.

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

Bal. or Market Value: $76k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 13% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: LIA $39724

Veh No: SMW475M Yr Regn: 29/10/20

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

Make: KIA Stonic c.c 998

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

Sp.Reading 10552 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNAD681IVL641337 7

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/45R17

R:

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

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

D.O.A. 20/9/21 D.O.I. 24/9/21

Survey held at —

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

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

Date / Time	Action / Instruction
	Dept: Home v. Les of Folder
11/10/21	Confirmed 9/2 @ 11AM. 00 with Mcrs Ier

Date/Time. File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time. File Return to? 2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) __S + RS __SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

Lump Sum / I.B.I: ($)