(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/ASM21010600/Ups3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLJ 6706M

at Workshop m/s H.

of

Insured: SMA2833A

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: $38

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 12 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS 3 004X

Vehicle: IN / OUT

Date: Person Contacted: Sol Tyre 2nd Rep 5300

Veh No: SLJ 6706M Yr Regn: 26/12/08

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

Make: Hyundai Avante c.c 1591

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

Sp.Reading 443760 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHDU41BR9U633843

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: 205/55-R16

R:

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

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

D.O.A. 13/10/21 D.O.I. 14/10/21

Survey held at

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

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

Date / Time Action / Instruction

COE until 25-12-2028 LTA $19840

No 2028 from SG car mart

NOT $18160

22/10/21 L/S $11,000 confirmed with Alex.

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation:

__S + RS, __SI

Photos

Others

TOTAL