ASS. REC BY: Maggs | REF: CS/ TP21010136/Uvt3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SNA5468C

at Workshop m/s Kum

of

Insured: GR396385

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: $140k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS 7B2h

Vehicle: IN / OUT

Date: Person Contacted: LTA 83160

Veh No: SNA5468C Yr Regn: 28/6/21

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

Truck / Trailer or CA/ 2.0L6KLED

Make: SKODA Superb c.c 1984

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

Sp.Reading 7657 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: TMBGM7NP1M7047191

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: 235/40R19

R:

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	21/9/21	D.O.I.	19/10/21

Survey held at —

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

Frt

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

Date / Time	Action / Instruction
	Dep 13k.
	Nmc Ajax Justin
1/10/21	L/S @ 4100 Confirmed with Kenny (Red 3732, 47%)

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

Date/Time, File Return to? 2) 25/10/21-typist

Report Format : TP

Lump Sum /~~I.B.I.~~ ($ 4100)

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($) ___S + RS.___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

Survey Fee:	150
Transportation:	50
	50+50
	64
	80
TOTAL	444