REC'D / FILED BY: GQ | REF: CS3/CTI21008519/Gvc-1

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s CARSMITH

of

Insured: PC 604C

Policy No. DMB1SNW00012062004

Claims No. SNM21D204440/C02

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: $77k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 14 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: PC7998U Yr Regn: 12 Apr/2019

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

Make: TOYOTA HIACE COMMUTER c.c 2754

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

Sp.Reading 211620 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GDH2232001298

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: 195/R15

R: 195/R15

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. 10/8/21 D.O.I. 25-10-2021

Survey held at W/S 10AM

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
5/11/21	Submit LS $15,200 (Red 14,050, 48%)

Date/Time, File Pass to? 1)

Date/Time, File Return to? 2) 5/11/21-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 14

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format: TP Res

Lump Sum / UPD: LS $15,200

Survey Fee:

Transportation: S + RS. SI

Photos

Other:

TOTAL