(08/11/13) wef

ASS. REC. BY: Marcus

REF: CCG/CT/21/011128/Ups3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SKN 6000G

at Workshop m/s Rl

of

Insured: SMY/8632M

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: $170k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 8 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS 9/1 Vehicle: IN / OUT

Date: Person Contacted: Dep/65500

Veh No: SKN 6000G Tr Regn: 16/4/21

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

Make: mazda CX-8 c.c 2488

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

Sp.Reading 9511 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JM6KG2WLA00100344

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: 225/55-R19

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.	30/10/21	D.O.I.	1/11/21

Survey held at

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

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

Date / Time	Action / Instruction
	LYA8 75832
10/11/21	L/s $24,000 Confirmed with Alex.
	headlamp KB9H-51-041J ($460/50)
	Bonnet K140-52-31X 177/30
	Grille assy K230-50-710H 2050/30

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 ($) ___S + RS, ___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

Survey Fee:

Transportation:

TOTAL