

ASS. REC. BY: Steve

CS/CTI21011248/Euy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: XE 3791U

at Workshop no: _____

Insured: _____

Policy No. DMCVSNA00101152100

Claims No. SNM21D205862/C01

Sum Insured: _____ Excess: 1500

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remarks: The veh had submitted its report at the time of inspection.

Rel. or Market Value: _____

IDAC Accident Report _____ Consistent? : Yes or No

GIA / PR Seen _____ Consistent? : Yes or No

Est. Repairs: 30 days Rep.: Yes or No

Sum Sum _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: XE 3791U Yr Regn: 13/12/17

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

Truck Trailer or

Make: CAMIC HN325 C. No. 6699 9842

Colour: white A/O: Insured / St / NI / N

Sp. Reading: N/A T/Radio: Insured / St / NI / N

Eng/No: _____

O/No: L25N2C031HR017915

Gen. Cond: Good / Fair / Poor / Bught

Steering: Order / Jammed / Locked / Burnt or

Brake: Order / Jammed / Locked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or 315/80R22.5

Tyre Size: 295/80R22.5

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

R/Bal: 4 mm

L/Bal: 4 mm

D.O.A. 12/10/21 Gold bell

Survey held at _____

Des. of Damages: FR / Rear / C/S / H/S / U/C / Rollover or

The U/C / CHASSIS frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>REPAIR LIMIT \$63000</u>
	<u>MV - 100K</u>
	<u>PK - 35,621</u>
	<u>MV - 64,379</u>

08/11/21 revert to Irene Tay via Merimen

22/12/21 @ 3.56pm Pauline informed C/A via Merimen

28/12/21 @ 2.13pm Informed Hasrianah C/A at \$57400 & ex \$1500 by email

12/10/22 @ 3.29pm confirmed with Catherine LS \$62300, 30 days. (Red \$21577, 26%)

me/Time, File, Report: ☐ Prel. Report

12/10 Typist: ☐ Final Report

Days of Repair: 30

Resurvey No. of Trips: 3

Survey Fee: _____

Transportation: _____

Add Fee: ☐ Site Insp (\$) _____

☐ Interview (\$) _____

☐ Tech. Inve (\$) _____

☐ Weighing (\$) _____

Merimen: MER-OD

Sum: 62300