Ass. Rec. By: REF: CS/AGI21011413/Anf3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SJN 1811C

at Workshop m/s

of

Insured: SLD 954J

Policy No.

Claims No. C10012399/EE

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:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJN1811C Yr Regn: 2018, Sept.

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

Make: Mazda CX5 c.c 1998

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

Sp.Reading 64799 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JM6KF2W7AK0228913.

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: 225/65R17.

R: 225/65R17.

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	09/11/21.

Survey held at Advance.

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

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

Date / Time	Action / Instruction
	TP Budget Direct.
	MV : Adrian informed lump sum: 2300 and 2 days
	PV : (red, $3272.10, 59%)
	Nett :

Date/Time, File Pass to?

1) 23/08/22

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___$ + RS___SI

Photos

Others

Report Format :

Lump Sum / L.E. : 2300