ASS. Rec. By: GQ REF: CS/SGK21011675/Gtf3

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / NS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s MOTOR EDGEVANTAGE

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

rooftop

N/S	O/S

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**

Bal. or Market Value: $115k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: - 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: GBD5443C Yr Regn: 25 Nov 2014

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

Make: LAND ROVER DEFENDER 90 2.2 c.c 2198

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

Sp.Reading 67632 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: SALLDVNP7FA460275 *

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: 235/85R16

R: 235/85R16

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	17-11-2021

Survey held at W/S 9AM

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
	Estimate give later
	sumbit lump sum $3000, 5days
	red:6499;68%
	total 9499

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

3 + RS. SI

Photos

Others

TOTAL