ASS. REC. BY: Taufik | REF: CS3/AIG21011704/T14f3.

ASSIGNMENT

2022 Sep.

From: ______ Date: ______

Estimated Cost: ______

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

To Inspect Vehicle No: SMN 4061U

at Workshop m/s ______

of ______

Insured: GBF 630B

Policy No. 2070075467-01

Claims No. 8969726953SG

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: 90K

IDAC Accident Rport: ______ Consistent? : Yes or No

GIA / PR Seen: ______ Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

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

-WP' - PRS'

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

Date: ______ Person Contacted: ______

Veh No: SMN4061U Yr Regn: 2012 Sep

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

Make: Porsche Cayenne c.c 2967

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

Sp.Reading: 137366 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: WP1ZZZ92ZEDLA24162

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: 285/35R22

R: " "

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.		D.O.I.	17/11/21

Survey held at: Garage 13.

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
9/12/2021	Submit DAR, 7 days

Date/Time, File Pass to? [ ] : Preli. Report

1) 9/12 TYPIST [ ] : Final Report

Date/Time, File Return to?

2) ______

Report Format: TP

Lump Sum / I.B.R (T ______)

Days Of Repair: 7

Resurvey No. of Trip: ______

Add Fee: [ ] : Site Insp ($ ______)

[ ] : Interview ($ ______)

[ ] : Tech. Invs ($ ______)

[ ] : Weekend ($ ______)

Survey Fee:	
Transportation:	
__S + RS.__SI	
Photos	
Others	
TOTAL	