(08/11/13) wef

ASS. REC. BY: Marcus

REF: CS/TP21011933/4ff3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLN 4803H

at Workshop m/s Bhy

of

Insured:

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: $ 58k.

IDAC Accident Rport: Consistent? : Yes or No

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

Est. Repairs: 6 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS 889G

Vehicle: IN / OUT

Date: Person Contacted: Rep $5500

Veh No: SLN 4803H Yr Regn: 05/05/17

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

Make: Subaru impreza c.c 1600

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

Sp.Reading: 65154 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JF1GK3KC5HG003141

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: 215/50 R17

R:

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	21/11/21	D.O.I.	24/11/21

Survey held at

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

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

Date / Time	Action / Instruction
	Nmk Ajax 2.1y LTA 837663
3/11/21	L/S $5200 confirmed with Kenny
	RED: 3414.08;39%

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Survey Fee:	160
Transportation:	50
__S + RS __SI	50
Photos	77
Others	80
TOTAL	417

Report Format :

Lump Sum / I.B.I: ($)