REC'D / FILED BY: GQ | REF: CS/INC21012613/Gvf3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s NINETEEN AUTOWERKS

of

Insured: WC 1822A

Policy No.

Claims No. MT/1154519-001

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: $45k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SBW9870B Yr Regn: 23 Nov 2015

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

Make: NISSAN / SYLPHY 1.6 c.c 1598

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

Sp.Reading 141519 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MNTBBAB17Z0025161 *

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: 205/55R16

R: 205/55R16

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. 11/12/2021 D.O.I. 14-12-2021

Survey held at W/S 3PM

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

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

Date / Time	Action / Instruction
17/5/22	Guo Qiang informed LS $3500 (Red 9965.55, 74%)

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

1) ☐ : Final Report

Date/Time, File Return to?

2) 17/5/22-typist

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

___S + RS.___SI

Photos

Other:

TOTAL

Report Format: TP

Lump Sum / LPO: LS $3500