amegur REF: CS4/CTI	4012739/Pay3	
ASS	SIGNMENT	
From: Sherwin Date: 17/12/2021 Estimated Cost: OD/TP/WS/TP RES/OD RES/EVA/INV/MV	Type: M.Carl M.Cycle / Bus / Van	7A Yr Regn: <u>APR 12610</u> 1 Lorry / Taxi / Prime Mover /
To Inspect Vehicle No.	Truck / Trailer or	,
at Warkshap m/s	Make: MITSUBISHI L	cmay 1-SEX c.c. 1,499
of	Colour Black.	A/C: Insured / Std / NI / NA
Insured:	Sp.Reading	T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No: 44910126	
Claims No. 5/11/10/207212164 COI/TAYHP	C/No: JMYSR	CY24A. 1000424
Sum Insured: Excess:		
(Client's Record)	Steering: Inorder / Jammed / Leake	
Make of Veh:	Brake: Inorder / Jammed / Leake Modi: Nil / S/Rim / STD A/Rim	the Commence of the Commence o
1	4	
(Policy Condition)	20/13	
Remark: The veh had commenced its N/S O/S	R: 205/55R16- BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/	
repair at the time of inspection.	TOYO INONO	
Bal. or Market Value: 26K(est)	Front Front	
IDAC Accident Rport: Consistent?: Yes or No	R/Bal5 mm	Rear R/Bal. 5 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 5 mm	L/Balmm
Est. Repairs: days Res.: Yes or No	D.O.A. [1/12/702]	D.O.I. 17/12/2021
Lum Sum: % 3 Val.: Yes or No	,	se notor Rte (f).
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S	
Vehicle: IN / OUT Date: Person Contacted:	Front Braine law total burnt (Total LOSS.	
Date / Time Action / Instruction	The U/C / Chassis frame / Boo	dy Structure affected due to collision.
MV - \$26,000.		
PARF-\$9.687		
NL-\$16,313		
1/12/21@1.50pm revert to Irene Tay via Meri		
4/01/22 Submit Extensive Total Loss Report		
,	100 March 10 day described the characterists and 10 at 15 characterists 10 at 15 characteri	Investigation: \$500/-
ate/Time, File Pass to?		SCDF \$170/-
04/01 Typist	ays Of Repair:	
: Final Report Ro	esurvey No. of Trip:	Survey Fee:
Add Fee:	City In 19	Transportation:
Add Fee:	: Site Insp (\$)S+RSSI
eport Format : MER-OD/TL-E	: Interview (\$: Tech. Invs (\$) Photos
ımp Sum / I.B.I: (\$: Weekend (\$) Others
	vvccvalid (4	1
		TOTAL