

08/11/13) wef

ASS. REC. BY: Marcus

REF: CC3/MSG22003195/4943

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SM 7376G
 at Workshop m/s LP.
 of SLA 968K
 Insured: _____
 Policy No. _____
 Claims No. 640935
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

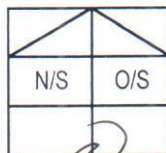
(Policy Condition)

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

Bal. or Market Value: \$95K
 IDAC Accident Rpt: Consistent? : Yes or No
 GIA / PR Seen: Consistent? : Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: LIA 40196



Veh No: SMT 376G Yr Regn: 25/03/20
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or CA/
 Make: SSANGYONG TIVOLI 1597
 Colour: orange A/C: Insured / Std / NI / NA
 Sp. Reading: 26288 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KPT30A1USLP318114
 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: 205/65-216 R: _____

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

Front Rear
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 05/04/22 D.O.I. 06/4/22
 Survey held at _____

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 Dep 11K.

rembrand 570

28/4/22 L/S \$4200 informed Alan. CRad \$14434, 77%

Date/Time, File Pass to?

☐ : Preli. Report

1) 28/4 transfer

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

) S + RS, SI

) Photos

) Others

Report Format : net-TP

Lump Sum / I.B.I. (\$) 4200)

TOTAL