

ASS. REC. BY: Thuan

REF:

CS/CTI22003915/1173

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

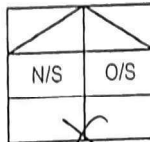
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: SSK

IDAC Accident Rpt: _____ 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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHW4831R Yr Regn: 30110/15
Type: M.Cdr / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A3 SB c.c. 1395Colour: White A/C: Insured / Std / NI / NASp. Reading: 76436 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAKUZZZ8UOGA043725Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD A/Rlm orTyre Size: F: 225/45ZR17R: 225/45ZR17BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO orFront 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 23/4/22 D.O.I. 77/4/22Survey held at H.SDes. 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

mv: SSKrebat: 32879NJ: 22/21

lump sum: \$9500 and 7 days

(red, \$21263.69, 69%)

Date/Time, File Pass to?

1) 08/08/22

Date/Time, File Return to?

2)

☐ : Preli. Report☐ : Final ReportDays Of Repair: 7Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Report Format :

Lump Sum / I.B.I.: (\$ 9500)