ASS. REC. BY: GQ REF: NS/INC22004394/Gvc

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / W/S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s SMRT

of

Insured: SLE 1924J

Policy No.

Claims No. MT/1171391-002

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: $

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 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: SHB159X Yr Regn: 26 Sep/2014

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

Make: TOYOTA PRIUS c.c 1798

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

Sp.Reading 971536 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKN36U605751614 *

Gen. Cond Good / Fair / Poor / Burnt

Steering: norden / Jammed / Leaked / Burnt or

Brake: norden / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: //

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 6/5/2022 D.O.I. 09-05-2022

Survey held at W/S 4:30PM

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
26/8/22	Vehicle scrapped
	Note: Book Value $9212 lta: $7246 nv:$1966
	LS $1200

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 26/8/22-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___S + RS.___SI

Photos

Others

TOTAL