(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/ASM22005393/Uga3

# ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SJM 6088X

at Workshop m/s Lh.

of

Insured: SLW 8694G

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.**

| N/S | O/S |
|---|---|
| | |

Bal. or Market Value: $64k.

IDAC Accident Rport: Consistent? : **Yes** or **No**

GIA / PR Seen: Consistent? : **Yes** or **No**

Est. Repairs: 6 days Res.: **Yes** or **No**

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

**CA / REV / REP. / 24 HRS** 0891

Vehicle: **IN / OUT**

Date: Person Contacted: LTA 36692

Veh No: SJM 6088X Yr Regn: 03/01/17

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**

**Truck / Trailer** or CA/

Make: VOLVO V40 c.c 1498

Colour white A/C: **Insured / Std / NI / NA**

Sp.Reading 89025 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: YV1MV28H0H2398902

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: ~~**Inorder / Jammed / Leaked / Burnt**~~ or offaxl

Brake: **Inorder / Jammed / Leaked / Burnt** or

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

Tyre Size: F: 205/55R16

R:

**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. | 03/06/22 | D.O.I. | 6/6/22 |

Survey held at

Des. of Damages : **Frt / Rear / O/S / N/S / U/C / Rooftop** or O/S frt l

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

| Date / Time | Action / Instruction |
|---|---|
| | Repair. have GIA have alignment result. |
| 14/6/22 | L/S @ 7800 informed Alex. |

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

1) ☐ : **Final Report**

Date/Time, File **Return** to?

2)

**Days Of Repair:**

**Resurvey No. of Trip:**

**Add Fee:** ☐ : Site Insp ($ )

☐ : Interview ($ )

☐ : Tech. Invs ($ )

☐ : Weekend ($ )

**Report Format :**

**Lump Sum / I.B.I:** ($ )

| | |
|---|---|
| Survey Fee: | |
| Transportation: | |
| ___S + RS,___SI | |
| Photos | |
| Others | |
| TOTAL | |