Ass. REC. BY: | REF: CS/SMO22005683/Anc

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. CMTD2201961/RUC

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: 6 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: SJC 902M Yr Regn: 2014 June.

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

Make: Mazda CX5 c.c 1998

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

Sp.Reading 142355 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JM6KE1031E0253543

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: 225/55R19.

R: 225/55R19

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

Front			Rear		
R/Bal.	06	mm	R/Bal.	06	mm
L/Bal.	06	mm	L/Bal.	06	mm
D.O.A.			D.O.I.	16/06/22	

Survey held at Trans Eurokars.

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
	TP Sompo
	20/09/22 Adrian confirmed final fig: $9404.70 and 6 days
	MV : 37K. (red, 9269.60, 50%)
	PV : 27.5K
	Nett : 9.5K

Date/Time, File Pass to? [ ] : Preli. Report

1) 20/09/22 [ ] : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: [ ] : Site Insp ($) S + RS. SI

[ ] : Interview ($) Photos

[ ] : Tech. Invs ($) Others

Report Format:

Lump Sum / EP R (S 9404.70