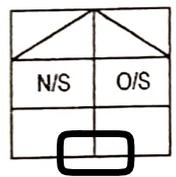


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP N/S TP RES OD RES EVA INV MV
 To inspect Vehicle No: _____
 at Workshop m/s CYCLE & CARRIAGE AUTOMOTIVE
 of _____
 Insured: PC 9867B
 Policy No. DMB1SNW00015602100
 Claims No. SNM22D204841/C02/LEEPG
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SMY5558P Yr Regn: 15 Mar/2021
 Type M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: MITSUBISHI OUTLANDER 2.0 c.c. 1998
 Colour Red A/C: Insured / Std / NI / NA
 Sp. Reading 30175 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: GF7W0701192
 Gen. Cond Good Fair Poor Burnt
 Steering: Inorder Jammed / Leaked / Burnt or _____
 Brake: Inorder Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/R or _____
 Tyre Size: F: 225/55R18
 R: //

(Policy Condition)
 Remark: **The veh had commenced its repair at the time of inspection.**



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

Front		Rear	
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm	
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm	
D.O.A. <u>12/7/2022</u>		D.O.I. <u>15-07-2022</u>	
Survey held at _____		<u>W/S</u>	<u>10:30</u>

 Des. of Damages: Frt / Rea O/S N/S U/C Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: \$136k
 IDAC Accident Rpt: _____ 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
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
11/8/22	Submit preli report-revised \$8873 check items \$2729 Note: Vehicle convert to OD claim

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

Days Of Repair: 6
 Resurvey No. of Trip: _____

1) _____
 Date/Time, File Return to?
 2) 11/8/22-typist

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Insp (\$ _____)
 : Wheel end (\$ _____)

Survey Fee:	
Transportation:	
3 + RS. SI	
Photos	
Other:	
TOTAL	

Report Filed: _____
 Long Copy/MP: _____