(08/11/13) wef

ASS. REC. BY: Marcus

REF: CCG/C7/22007084/Upg3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SNA8875T

at Workshop m/s M.

of

Insured: SJG998814

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: $95K.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS 9911

Vehicle: IN / OUT

Date: Person Contacted: MIA853610

Veh No: SNA8875T Yr Regn: 28/02/17

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

Make: Jaguar XE 2.0 c.c 1999

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

Sp.Reading 108674 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: SAJAB4AG1HA970173

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: 225/45ZR18

R: 245/40ZR18

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm

D.O.A. 25/7/22 D.O.I. 26/7/22

Survey held at

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rear o/s & M.

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

Date / Time Action / Instruction Rep 17k.

have video of fold

25/8/22 M/S @ 21,000 informed Alan.

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	