

Steve

CS3/FCI 2200 555 8/Eng 3-11

ASSIGNMENT

Front:

Reinspection

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured: SG 5069H

Policy No. D-19094111MFB

Claims No. D22001780MFBP

Sum Insured:

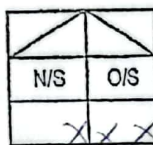
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 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:

SLJ 5490R

Yr Regn:

15/12/16

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

Truck / Trailer or

Make:

Toyota Wish

c.c.

1797

Colour:

Black

A/C: Insured / Std / Nil / NA

Sp. Reading

470906

T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No:

20E 206031909

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / 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 / PIRI / SUMI /

TOYO / YOKO or .

Westlake

Front

Rear

R/Bal.

4

mm

R/Bal.

2

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

9/6/22

D.O.I.

2/9/22

Survey held at

Long Auto

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

Rear RH

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

Date / Time Action / Instruction

8/9/22 Submit LS \$7200 (Red 3900, 35%)

Date/Time, File Pass to?



: Prel. Report



: Final Report

Date/Time, File Return to?

2) 8/9/22-typist

Report Format: TP Res

Lump Sum / L.B.H. (\$

Days Of Repair: 10

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL