(08/11/13) wef

ASS. REC. BY: Marcus

REF: CS/Fa122009539/Uvy3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SJN 906R

at Workshop m/s

of

Insured: SBS 34344M

Policy No.

Claims No. D22003020MFBP

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: @ 15k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS $707

Vehicle: IN / OUT

Date: Person Contacted: LTA # 4533

Veh No: SJN906R Yr Regn: 04/03/09

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

Make: Honda Stream c.c 1799

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

Sp.Reading 179374 / T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RN6 108 4026

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: 205/65-R15

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 26/09/22 D.O.I. 28/09/22

Survey held at

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

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

Date / Time	Action / Instruction
	Dep 10k.
	Note video Received 29-02-2024
11/10/22	L/S $1600 ; Informed Hon. (red 4079.70, 71%)

Date/Time, File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2) 12/10/22-typist

Report Format : TP

Lump Sum / ~~I.B.I.~~ ($ 1600)

Days Of Repair: 2

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Survey Fee:	~~140~~ 135
Transportation:	50
___S + RS, ___SI	50+50
Photos	76
Others	
TOTAL	~~376~~