(08/11/13) wef

ASS. REC. BY:

REF: CS/MSG2201292/Dny 3

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. _____

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 4 days Res.: **Yes or No**

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

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: SNG 1051T Yr Regn: July/2018

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

Truck / Trailer or _____

Make: Audi A4 c.c 1984

Colour Black A/C: **Insured / Std / NI / NA**

Sp.Reading 70723 T/Radio: **Insured / Std / NI / NA**

Eng/No: CVK062820

C/No: WAUZZZF42JA178321

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: 255/35 R19

R: —11—

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Michelin

Front		Rear	
R/Bal.	S mm	R/Bal.	S mm
L/Bal.	S mm	L/Bal.	S mm
D.O.A.	13/10/2022	D.O.I.	18/10/2022

Survey held at CS ong AMK

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

H/S Rmt

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

Date / Time	Action / Instruction
	MSIG SGS 32A
10/01/23	Insure L/S 6,300/- with 6 days of repair (Recl. $16868.70, 73%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I: ($ 6300)

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	