(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/LPC22010389/Upa3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLW914A

at Workshop m/s zen gravity

of

Insured: SLX949LK

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: $56k.

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**

C 9506

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: Person Contacted: LTA 23897

Veh No: SLW914A Yr Regn: 30/01/18

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer** or (A)

Make: m.t attrage c.c 1193

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

Sp.Reading 60817 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: MMBSTA13AJH001406

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: 185/55-R15

R:

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.	17/10/22	D.O.I.	19/10/22

Survey held at

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

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

Date / Time	Action / Instruction
	Rep 9500
31/10/22	A/S @ 5100 informed Stanley

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

1) ☐ : **Final Report**

Date/Time, File **Return** to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___S + RS, ___SI

Photos

Others

TOTAL