(08/11/13)

ASS. REC. BY:

REF: CS6/AIS22010489/Cwy3

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. SP2002660176-01

Claims No. 202222007489

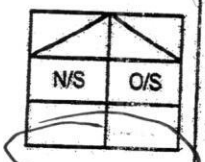
Sum Insured: _____ Excess: $700.00

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: $122,000.00

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: I.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SFL963L Yr Regn: 2020 / Aug

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

Make: Mazda CX-30 2.0 At e.c 1998 cc

Colour ELEGANCE(A) Grey A/C: Insured / Std / NI / NA

Sp.Reading 55145 km T/Radio: Insured / Std / NI / NA

Eng/No: PE31574512

C/No: JM6DM2W7AL0101107

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: 215/65R/16

R: ~~—~~

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	6 mm
L/Bal.	5 mm	L/Bal.	6 mm
D.O.A.	15/10/2022	D.O.I.	Desktop Survey 25/10/2022

Survey held at Auto Insure Pte Ltd

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

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

Date / Time	Action / Instruction
22/12/2022	Final Fig $3,438.00 confirmed by Email (Red $4,169.50/55%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

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	