(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC6/CT/22010614/Upg3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMU3824M

at Workshop m/s Speedworkz

of

Insured: SFN8881B

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: $70k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted: 1TA 926574

Veh No: SMU3824M Yr Regn: 15/10/09

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

Make: Toyota Wish c.c 1797

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

Sp.Reading 207676 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZGE20 0023888

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ~~Inorder / Jammed / Leaked /~~ Burnt or affect

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/50 R17

R: MIC

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

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

D.O.A. 25/10/22 DOI 27/10/22

Survey held at

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

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

Date / Time Action / Instruction Dep 10k.

Coe until 14-10-2029

2/11/22 L/S $3500 informed Ken

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

1) : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: : Site Insp ($) __S + RS, __SI

: Interview ($) Photos

: Tech. Invs ($) Others

: Weekend ($)

TOTAL

Report Format :

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