

ASSIGNMENT

From:

Date:

Estimated Cost:

OD ☒ TP ☒ N/S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s CARSMITH

of

Insured:

Policy No. D22MFL0003403

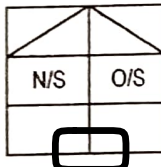
Claims No. MFL2022D0002000

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value: \$90k

IDAC Accident Rpt: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SNC5684L Yr Regn: 31 May/2018

Type ☒ M.Car ☐ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: INFINITI Q30 1.6T c.c. 1595

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

Sp. Reading: 68617 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: SJKDDAH15U1059974 *

Gen. Cond ☒ Good ☐ Fair / Poor / BurntSteering: ☒ Inorder ☐ Jammed / Leaked / Burnt orBrake: ☒ Inorder ☐ Jammed / Leaked / Burnt orModi: Nil ☒ S/Rim ☐ STD A/Rim or

Tyre Size: F: 235/50R18

R: //

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

TOYO / YOKO or CONTINENTAL

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. D.O.I. 20-04-2022

Survey held at W/S 5:15PM

Des. of Damages: Frt / ☒ Rea ☐ O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

27/09/22 Guo Qiang confirmed lump sum: \$800 and 2 days
(red, 4834.80, 86%)

Date/Time, File Pass to?

1) 28/09/22

Date/Time, File Return to?

2)

Report Filed:

Lump Sum / MPB: 800

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Insp (\$)☐ A/Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Other:

TOTAL