(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/ASM 22010990/Upa3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SNP 2075 4

at Workshop m/s lee brother

of

Insured: SHC8333B

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: $170k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS C 1572 Vehicle: IN / OUT

Date: Person Contacted: 174 8100962

Veh No: SNJ 2075J Yr Regn: 14/12/21

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

Make: SKODA KODIAQ c.c 1498

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

Sp.Reading 11925 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: TMBKB7NS3M8522960

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: 235/50 R19

R:

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	9/10/22	D.O.I.	3/11/22

Survey held at

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

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

Date / Time	Action / Instruction
9/11/22	Dy 17k. informed mr lee L/S $6800

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: ($)