(08/11/13) wef

ASS. REC. BY: Marcus

REF: CS/CT1220126761

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: YN 4692G

at Workshop m/s 7 & M

of

Insured: XE 2533

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: $20K.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS C196Z

Vehicle: IN / OUT

Date: Person Contacted: LTA 64410

Veh No: YN 4692G Yr Regn: 01/01/14

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

Make: M.T conter FE83A 2998

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

Sp.Reading 29295 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: FE83/EA·0045-9

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: 195/85-R15

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6/6 mm
L/Bal.	6 mm	L/Bal.	6/6 mm
D.O.A.	10/12/22	D.O.I.	21/2/23

Survey held at —

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

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

Date / Time	Action / Instruction
	Dog 16k.

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	