(08/11/13) wef

ASS. REC. BY: Marcus

REF: CS/TP2300335 7/4ny3

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

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

To Inspect Vehicle No: SLN 9882X

at Workshop m/s 3M

of ______

Insured: ______

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: $68k.

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

Vehicle: **IN / OUT** 21fc

Date: ______ Person Contacted: ______

Veh No: SLN 9882X Yr Regn: 06/07/17

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

Make: mazda 5 c.c 1998

Colour White A/C: **Insured / Std / NI / NA**

Sp.Reading 175974 T/Radio: **Insured / Std / NI / NA**

Eng/No: ______

C/No: JM6CW107 1H0125815

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:** 215/45 R17

R:

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

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

D.O.A. 28/03/23 D.O.I. 3/3/23

Survey held at ______

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
	ATA R38070 Dey? 14k
	MUC Hatiory
11/4/23	L/S $3600 inform Kenny (red, $5345.76,60%)

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

1) 11/04/23 □ : **Final Report**

Date/Time, File Return to?

2) ______

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee: □ : Site Insp ($ ______)

□ : Interview ($ ______)

□ : Tech. Invs ($ ______)

□ : Weekend ($ ______)

Report Format : ______

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

Survey Fee:	160
Transportation:	50
__S + RS,__SI	50+50
Photos	80
Others	80
TOTAL	470