

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/TP23003357/4ny3**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SLN 9882Xat Workshop m/s 3m

of _____

Insured: _____

Policy No. _____

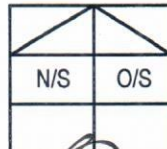
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**Bal. or Market Value: \$68k.

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUTDate: _____ Person Contacted: ATA #36070Date / Time Action / Instruction 27/14hMUC KATong11/4/23 4/5 #3600 inbound Kenny (red, \$5345.76, 60%)Veh No: SLN 9882X Yr Regn: 06/07/17Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: mazda 5 C.C. 1998Colour: white A/C: Insured / Std / NI / NASp. Reading: 175974 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6CW107/H0125815Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215-145 RH

R: _____

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

TOYO / YOKO or

Front 6 mm Rear 6 mm

R/Bal. _____ mm

L/Bal. 6 mmD.O.A. 28/03/23 D.O.I. 31/3/23

Survey held at _____

Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop orRear

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

Date/Time, File Pass to?

1) 11/04/23

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / I.B.I. (\$) _____

Days Of Repair: 4Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

____ S + RS, ____ SI

Photos

Others

TOTAL

160

50

50+50

80

80

470