ASS. REC. BY: Kenneth | REF: UOZI CS/UOI24060307/Kvh3 | C

ASSIGNMENT

From: ________ Date: ________

Estimated Cost: ________

OD / TP / WS / TP RES / OD RES / EVA / INV / MV (OD circled)

To Inspect Vehicle No: ________

at Workshop m/s: Falcon

of: 292C

Insured: ________

Policy No. ________

Claims No. M13D00032407

Sum Insured: ________ Excess: 800/-

(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: $32K

IDAC Accident Rport: ________ Consistent? : Yes or No

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

Est. Repairs: 08 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: SKV 7359Z Yr Regn: 09, 15

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

Make: Mazda Biante c.c 1998

Colour: M. Black A/C: Insured / Std / Nil / NA

Sp.Reading: 246035 T/Radio: Insured / Std / Nil / NA

Eng/No: ________

C/No: JM6CC10F1G0108552

Gen. Cond: Good / Fair / Poor / Burnt (Good circled)

Steering: Inorder / Jammed / Leaked / Burnt or (Inorder circled)

Brake: Inorder / Jammed / Leaked / Burnt or (Inorder circled)

Modi: Nil / S/Rim / STD A/Rim or (A/Rim circled)

Tyre Size: F: 205/60R16

R: ________

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

	Front		Rear	
R/Bal.	3 mm		R/Bal.	3 mm
L/Bal.	3 mm		L/Bal.	3 mm

D.O.A. 23/6/24 D.O.I. 1/7/2024

Survey held at: ________

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or (Frt circled) & Acc

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

Date / Time	Action / Instruction
17/7	L/Rp $10,700 Calw (red 5229.80, 32%)

Date/Time, File Pass to? 1) ________

☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to? 2) ________

Days Of Repair: 8

Resurvey No. of Trip: ________

Add Fee: ☐ : Site Insp ($ ________)

☐ : Interview ($ ________)

☐ : Tech Invs ($ ________)

☐ : Weekend ($ ________)

Report Format :

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

5x25 = 125

250+125 = 375

Survey Fee:	375+20% = 450
Transportation	60
__S - RS.__SI	80+80
Photos	54
Others	
TOTAL	724

(630)

OBP 22/7/24