

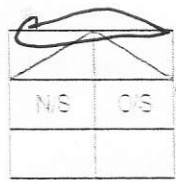
from

REF:

2011/4

ASSIGNMENT

Item: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No: _____
at Workshop m/s: **90616581**
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: **66k-**
IDAO Accident Report: _____ 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
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SKA 94654** Reg: **2011 APR**
Type: **(C) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover**
Truck / Trailer or
Make: **Jaguar XF 3.0 V6** or **2967**
Colour: **BLACK** A.C. Insured: Std / NI / NA
So. Reading: **148478** T. Padd: Insured / Std / NI / NA
Eng No: _____
O No: **SADA C0509 BFR 97086**
Gen. Cond: Good **(B)** Poor / Burnt
Steering: **(B)** Jammed / Leaked / Burnt or
Brake: **(B)** Jammed / Leaked / Burnt or
Mod: Nil **(B) S.P.** / STD A/Rim or
Tyre Size: F: **245/45 ZR18**
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA **(B)** / OHTSU / PIZ / SUMI
TOYO / YOKO or
Front: _____ Rear: _____
R.Bal: **6** mm R.Bal: **6** mm
L.Bal: **6** mm L.Bal: **6** mm
D.O.A: **22/02/18** D.O.A: **27/02/18**
Survey held at: **MOVA (PY)**
Des. of Damages: **(B)** Rear / O/S / N/S / U/O / Roof/hood or
The U/O / Chassis frame / Body Structure affected due to collision

Date / Time / Action / Instruction
2/3/18 Revert vehicle TL by merimen
Rasul,
Pls ask repairer to salvage the Airbag ECU if the car is repair.
2/3/18 Submit uneconomical TL
5/3/18 @ 10:30pm Gerald call up want us to revert LS \$15k **intention**

RECEIVED 02 MAR 2018

Date / Time / File Pass to: ☐ : Prelim. Report
☐ : Final Report
Date / Time / File Return to: _____
Add Fee: ☐ Site Insp \$
☐ Test \$
☐ Tech \$
☐ Rep \$
Days Of Repair: **8**
Resurvey No. of Trip: **1**
Surv. Fee: _____
Transport: _____
11/5- typist
Report Format: **merimen**
Lump Sum / LS: **LS \$15000/2**
Days Of Repair: **8**
Resurvey No. of Trip: **1**
Surv. Fee: **580**
Transport: **+10**
07P
18/5/18
13
36X15=540
170+540=710
710x20%=142
710+142
50
50
53
1005+10=1015