

7-000000

ARR. REC. REC.

Wht/ev/ov

REF:

CS/AGI19007572/Dsd3^{m2}

Special Instruction:

ASSIGNMENT (Office)

From (Person):

Bryn
Iny Rafilla

of

AGI

Date/Time:

29/4/19 @ 4:46pm

Estimated Cost:

Bill to:

OD/TP/WS/TP RES/OD RES/EVA/INV/MT/CS

To Inspect Vehicle No:

SHC 1535G

Insured:

SJF 4767U

at Workshop m/s

chunni Motor

Tel:

65425119

of

Bik 10 AMK # 01-05/06

Policy No:

Claim No:

C 10003008

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

27/4/19

30/4/19

H.O.D. Endorsement

CA / REV / REP / REV 24 HRS

Date/Time:

5:40pm @ 29/4/19

Person Contacted:

Lynn

Vehicle

IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SHC 1535G-CS3/III 8022380/71+d3s2-g

D.O.A. 5/12/18

SJF 4767U-X

CHRYSLER

ASSIGNMENT

CDE June 2021

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 8 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SHC 1535G Yr Regn: 2013 June

Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Prime Mover /

Truck / Trailer or

Make: Mercedes Benz E220 C.C. 2143

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

Sp. Reading: 662618 T/Radio: Insured / Std / NI / NA

Eng/No: 65192431420339

C/No: WDD2120022A758930

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil ☒ S/Rim / STD A/Rim or

Tyre Size: F: 205/60 R16

R: — — —

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

TOYO / YOKO or Westlake

Front

Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 27/04/2019 D.O.I. 30/04/2019

Survey held at Churni AMK

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

N/S Rev

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

Date / Time

Action / Instruction

AGI SJF 4767U

27/05/19 Insured 2/5 15000/- with 8 days of rev
(\$ 8,860.62 Red - 37%)

RECEIVED 27 MAY 2019

Date/Time, File Pass to?

27/05/19
Typ. 4☐

: Preli. Report

☒

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 8

Resurvey No. of Trip: 2

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ 15,000/- HS)

450