

Merimen

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop in/s: _____
 of: _____
 Insured: _____
 Policy No: **1700083195-02**
 Claims No: _____
 Sum Insured: _____ Excess: **1000**
 (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 Rpt: _____ Consistent? Yes or No
 GIA / PR Seen: _____ Consistent? Yes or No
 Est. Repairs: **3** days Res: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

N/S	O/S

Veh No: **SKA9788R** Page: **2017 Dec**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Audi Q7** or **1984**
 Colour: **Bronze** A/C: Insured / Std / NI / NA
 Sp. Reading: **57055** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **WAU2224m31D00267**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / R/Rim / STD A/Rim or
 Tyre Size: F: **255/55R19**
 R: **255/55R19**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front: _____ Rear: _____
 R/Bal: **06** mm R/Bal: **06** mm
 L/Bal: **06** mm L/Bal: **06** mm
 D.O.A: **10/1/20** D.O.I: **21/01/20**
 Survey held at: **Premium**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	OD ALG.
	SKA 9788R - MA/INC 2000669 / 24 DON - 10/01/2020
21/1/2020	Revert via merimen MV: 200K PV: 105.2K Nett: 94.81C
22/1/2020	Rece approved \$9269 from Victor by merimen
22/1/2020	Informed Kelvin c/A ex \$1000 by email
18/3/20	Final fig \$7901.20 (Red 19, 527.80, 719) confirmed by email

Date/Time, File Path: _____
 : Prel. Report
 : Final Report
 Days Of Repair: **3**
 Resurvey No. of Trip: _____
 Survey Fee: _____
 Transport: _____
 24/4/20-TYPIST
 Report Form: **MERIMEN**
 Total Sum: **\$7901.20**
 Audit Fee: Site Insp: 15
 Interview: 15
 T-R/W: 15
 T-R/W: 15