

ASS. REC. BY:

612.

REF:

CSX/CI 2000 5522/6V43

ASSIGNMENT

(-2029)

From:

Date:

Estimated Cost:

OD ☒ TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop m/s

Bifrost

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.

|     |     |
|-----|-----|
| N/S | O/S |
|     |     |

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

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:

5Q 5828K

Yr Regn:

20 Nov 2009

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

Truck / Trailer or

15250

Make:

Toyota Lexus

C.C.

2500

Colour

white

A/C:

Insured / Std / NI / NA

Sp. Reading

128500

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTHBK 26230 2096037

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt

Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Modi: Nil / ☒ S/Rim / ☐ STD A/Rim or

Tyre Size:

F:

225/45 R17

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

D.O.I.

05-5-20

Survey held at

W/S

11:40

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

N/S Frt

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 11/5/2020-TYPIST

Report Formed:

MERIMEN

Emp. Cost / Fee:

LS \$1900/-

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Meal and (\$

Survey Fee:

Transportation:

3 + PS. SI

Photos

Other:

TOTAL