ASS. REC. BY: Kenneth

REF: FCZ/ 20011197/Kd

## ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Munich

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: @ 95k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMR 3828K Yr Regn: 12, 19

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

Make: Renault Scenic c.c 1461

Colour M Black A/C: Insured / Std / NI / NA

Sp.Reading 65251 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1RFA000 63520524

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : NII / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/55R 20

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Continental

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 8 mm | R/Bal. | 8 mm |
| L/Bal. | 8 mm | L/Bal. | 8 mm |
| D.O.A. | 12/10/20 | D.O.I. | 16/10/2020 |

Survey held at ✓

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

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

| Date / Time | Action / Instruction |
|---|---|
| / | |

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation: $ - RS. ___ SI

Fuel: _____

Others: _____

TOTAL

Add Fee: ☐ : Site Insp ($ _____ )

☐ : Interview ($ _____ )

☐ Tech Invs ($ _____ )

☐ Weekend ($ _____ )

Report Format :

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

Scanned with CamScanner