

ASS. REC. BY: Sun Pm

REF:

CS3/SM021000908/Qtd3

*PM

ASSIGNMENT

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: SMW 1313 R Yr Regn: 04/07/2017Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Merceda Benz. E200 c.c. 1991Colour: Black. A/C: Insured / Std / NI / NASp. Reading: 222706 T/Radio: Insured / Std / NI / NAEng/No: -C/No: WDP2130422A043271Gen. Cond: Good Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / 6/Rim / STD A/Rim orTyre Size: F: 245/45 R18R: 245/45 R18

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 19/01/2021 D.O.I. 19/01/2021Survey held at well fac.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
	<u>Repair day - 5 days</u>
	<u>YIV: 140,000</u>
	<u>PV: 81,551</u> 15100
	<u>NV: 58,449</u> SUBMIT LUMP SUM \$15,000.00, 5DAYS <u>Repair range</u>
	RED:6100;28% <u>\$8,000 - \$9,000</u>

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 5

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

2)

Transportation:

Add Fee: ☐ : Site Insp (\$)

S + RS. SI

☐ : Interview (\$)

Photos

☐ : Tech. Invs (\$)

Others

☐ : Weekend (\$)

TOTAL

Rep. Format: _____

Lump Sum / I.B.C. (\$) _____