

ASS. REC. BY: Sun PM

REF: CS3/SMO21000908/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 Rport: \_\_\_\_\_ 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: 04/07/2017  
 Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Merceda Benz. E200 c.c. 1991  
 Colour: Black. A/C: Insured / Std / NI / NA  
 Sp. Reading: 222706 T/Radio: Insured / Std / NI / NA  
 Eng/No: -  
 C/No: WDP2130422A043271  
 Gen. Cond: Good (F) / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: NII / (S/Rim) / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 245/45 R18  
 R: 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 mm  
 L/Bal. 6 mm L/Bal. 6 mm  
 D.O.A. 19/01/2021 D.O.I. 19/01/2021  
 Survey held at welfac.  
 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>
	<u>NV: 58,444</u>
	<u>SUBMIT LUMP SUM \$15,000.00, 5DAYS</u>
	<u>RED:6100;28%</u>
	<del><u>Repair range</u></del> <del><u>\$8,000 - \$9,000</u></del>

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to?

Days Of Repair: 5  
 Resurvey No. of Trip: \_\_\_\_\_

2) \_\_\_\_\_  
 Rep. Format: \_\_\_\_\_  
 Lump Sum / L.B. (\$) \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Invs (\$ \_\_\_\_\_)  
 : Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 \$ + RS. \$ \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL \_\_\_\_\_