

wef

BY: Marcus

REF:

CS3/SMO 21004452/4+3-1

## ASSIGNMENT

Yr Regn:

17/12/18

Veh No:

4P9994S

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

Truck / Trailer or

(M)

Make:

mit Fuso FK62 c.c 7545

Colour

white

A/C: Insured / Std / NI / NA

Sp.Reading

133689

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

FK 62 FMA 40050

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:

245/70R19.5

R:

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

TOYO / YOKO or

FALLEN

Front

Rear

R/Bal.

6

mm

R/Bal.

6/6

mm

L/Bal.

6

mm

L/Bal.

6/6

mm

D.O.A.

3/4/21

D.O.I.

4/5/21

Survey held at

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

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

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

4P9994S

at Workshop m/s

Car Smith

of

Insured:

4P9269C

Policy No.

Claims No.

Sum Insured:

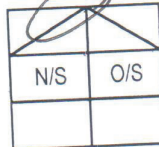
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

\$90k.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

days

Res.: Yes or No

Lum Sum:

70

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

652E

Vehicle: IN / OUT

Date:

Person Contacted:

LYN 822466

Date / Time

Action / Instruction

Rep 13500

PRS NO Estimate.

Range. 9-10k. (Repair Range)

~~SUBMIT PRS REPORT~~lump sum \$10,000, 5days  
red: 6750;40%

Date/Time, File Pass to?



Preli. Report



Final Report

1)

Date/Time, File Return to?

2)

Report Format :

TP PRS

Lump Sum / I.B.I: (\$ 10,000/- )

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL