

ASS. REC. BY:

REF:

FCZ/21010801/K4

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No. D21002859MFCV/PTE

Sum Insured:

Excess:

500 TBA

(Client's Record)

Make of Veh:

10-300m

(Policy Condition)

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

Bal. or Market Value:

826K

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

05

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:

GBD 40047 Yr Regn: 10/14

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

Truck / Trailer or

Make:

MS NV200 c.c. 1461

Colour

White A/C: Insured / Std / NI / NA

Sp. Reading

56015 T/Radio: Insured / Std / NI / NA

Eng No:

C/No:

VSK YBAM207 0078084

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim or

Tyre Size:

Roadstone 175/70R14

Grun Bmax

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

TOYO / YOKO or

Front

Rear

R/Bal.

8 mm

R/Bal.

7 mm

L/Bal.

8 mm

L/Bal.

7 mm

D.O.A.

12/10/21

D.O.I.

28/10/2021

Survey held at

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

Rear O/S

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

Date / Time

Action / Instruction

LUMP SUM \$2000, 5 DAYS
RED: 1072.30, 34%

Date/Time, File Pass to?

☐: Prell. Report

1)

☐: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

Add Fee: ☐: Site Insp (\$☐: Interview (\$☐: Tech Invs (\$☐: Weekend (\$

Report Format:

Lump Sum / I.B.I: (\$

120
90
90
14
244