

REG BY: Steve | REF: CS/11121012238/EQF3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 (OD / TP / WS / TP RES / OD RES / EVA / INV / MY)
 To Inspect Vehicle No: _____
 at Workshop m/s: _____
 of: _____
 Insured: _____
 Policy No: _____
 Claims No: MFL2021D0004925
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vch: _____
 (Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % J-Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

N/S	O/S

Veh No: SLL 8696J Yr Regn: 14/4/17
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mazda 3 c.c. 1496
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: N/A T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JM6BN22A8H0145198
 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: 205/55R15
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake
 Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 18/10/21 D.O.I. 2/12/21
 Survey held at Pegasus
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof/tp or
Interior
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MV-53K</u> * Total loss - Uneconomical repair (Both chassis frame bent) workshop no estimate
<u>03/12/21</u>	<u>@10.57am revert to Ill via Merimen. (T/L)</u>
<u>25/01/22</u>	<u>Submit Extensive Total Loss report</u>

Date/Time, File Pass to? : Prelim. Report
 25/01 Typist : Final Report
 Date/Time, File Return to?

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invt (\$ _____)
 : VVA/Stand (\$ _____)

Survey Fee:	
Transportation:	
Fuel:	
Other:	
TOTAL:	

Report Form: MER-OD/TL-E
 Date: 25/01/22