

ASS. REC. BY:

Steve

REF:

CS/CT177000578/EVY3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No. DMPCSNW00262992100

Claims No. SNM22D200155/C01/TANKW

Sum Insured:

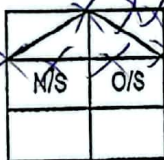
Excess:

1850

(Client's Record)

Make of Veh:

(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:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SGT 48A

Yr Regn:

9/3/09

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

Truck / Trailer or

Make:

Toyota Picnic

c.c.

1998

Colour

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

N/A

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTEGH23B200026417

Gen. Cond: Good / ☒ Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/60R16

R:

11

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

TOYO / ☒ YOKO or

Front

R/Bal.

4

mm

Rear

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

23/12/21

D.O.I.

17/1/22

Survey held at

Goldbell

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

8 interior

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

Date / Time

Action / Instruction

MV-50K

25/2/22

Submit ext T/L -MV:\$50,000 (est) LTA :\$22,828 NV:\$27,172

Date/Time, File Pass to?



: Prel. Report



: Final Report

1)

Date/Time, File Return to?

2) 28/2/22-typist

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Invs (\$)



: Weekend (\$)

Investigation: \$500/-

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL