

ASS. REC. BY:

REF:

FCI/ 220006041/cgf3

C

Kenneth

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. D72000171MCP

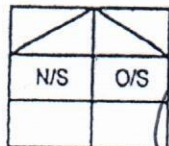
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: 867k

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLS 7295C Yr Regn: 10, 17

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

Truck / Trailer or

Make: Toy CHR C.C. 1797Colour: M. Grey A/C: Insured / Std / NI / NASp. Reading: 190548 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 84X10 2031463

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: 215/60R17R: Laufers

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mmR/Bal. 6 mmL/Bal. 8 mmL/Bal. 6 mmD.O.A. 14/1/22D.O.I. 18/1/2022

Survey held at _____

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

cls Rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

15/12/11 Pm 82500 Cuhw 18/12/22 Cred & 3931.75, 61%

23/02/22 @ 10.39am revised to FCI by email.

Date/Time, File Pass to?

☐

: Prel. Report

1) 23/2/22

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

145

50

50+50

19

314

Report Format :

TP

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

2500