ASS. REC. BY: Kenneth

REF: FCI/ 22000 6041/kgf3 C

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Optimo

of

Insured:

Policy No.

Claims No. D22000171MCVP

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: 867k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum 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 (A) c.c 1797

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 190548 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZYX10 · 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: F: Inter trac 215/60R17

R: Laufenn

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front R/Bal. 8 mm L/Bal. 8 mm

Rear R/Bal. 6 mm L/Bal. 6 mm

D.O.A. 14/1/22 D.O.I. 18/1/2022

Survey held at

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

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

Date / Time	Action / Instruction
15/2	1Bmp 8250d Cash 18/2/22 (Red $3931.75, 61%)
23/02/22@10.39am revised to FCI by email.	

Date/Time, File Pass to? 1) 23/2 [illegible]

☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to?

2)

Report Format : TP

Lump Sum / I.B.I. (S 2500)

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp (S) ☐ : Interview (S) ☐ Tech Invs (S) ☐ Weekend (S)

Survey Fee:	145
Transportation:	50
S + RS. SI	50+50
Photos	19
Others	
TOTAL	314