

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s CAR CITY AUTO

of

Insured:

Policy No. DMPCSNA00101132102

Claims No. SNM22D200112/C01/THAMYL

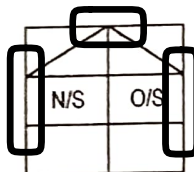
Sum Insured: Excess: 0

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value: \$66800

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 14 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / ☒ REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMA6329D Yr Regn: 14 Jun/2018

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

Truck / Trailer or

Make: TOYOTA VIOS G c.c. 1496

Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading: 20486 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR2B23F3101130197

Gen. Cond ☒ Good ☐ Fair / Poor / BurntSteering: Inorder / ☒ Jammed / Leaked / Burnt orBrake: ☒ Inorder ☐ Jammed / Leaked / Burnt orModi: Nil / S/Rim / ☒ STD A/Rim or

Tyre Size: F: 195/50R16

R: //

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 4/1/22

D.O.I. 19-01-2022

Survey held at W/S 11:30

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

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

Date / Time Action / Instruction

Total Rebate Amount: \$36,052

26/1/22 Submit uneconomical T/L-mv:\$66,800 LTA \$36,052 NV:\$30,748

revised fig \$23,215.80 check items \$14,292

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 26/1/22-typist

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : W/Weekend (\$

3 + RS. SI

Photos

Other:

TOTAL

Report Filed:

Long Copy/MPB: