

ASS. REC. BY:

Steve

REF:

CS/PC172000935/Eaf3

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. D22000283MFCV

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 6 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLN 6536R Yr Regn: 12/5/17

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

Truck / Trailer or

Make: Toyota Prius c.c. 1797

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

Sp. Reading: 275177 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3PU80557977

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front 4 mm Rear 4 mm

R/Bal. 4 mm L/Bal. 4 mm

L/Bal. 4 mm D.O.A. 26/1/22 D.O.I. 27/1/22

Survey held at Denice

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

Frt LH

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

Date / Time	Action / Instruction
03/03/22 @ 10am	revised to FCI by email.
	We will be advising our Principal a cost of repair of \$15,376.60 (P/P before GST) - with 6 days of repair, subject to their approval. (Red \$12457.90, 45%)

Date/Time, File Pass to?

☐ : Prel. Report

1) 03/03 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format : TP

Lump Sum / I.B.I. (\$) 15376.60

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation: 50

\$ + RS. SI 50

Photos 46

Others _____

TOTAL

571

17x15=255

255+170