

ASS. REC. BY:

Steve

REF:

CS/FC122001492/ErF3

## 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: PA 8708U

Policy No. \_\_\_\_\_

Claims No. D22000377MFBP

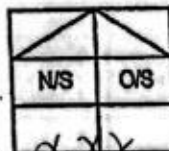
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value: \_\_\_\_\_

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: SKE4200G Yr Regn: 31/8/17

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

Truck / Trailer or

Make: Mini One c.c. 1198

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

Sp. Reading: 34001 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WMWX5120807E80269

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/55R15

R: 1

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

TOYO / YOKO or \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_

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

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

D.O.A. 8/2/22 D.O.L. 17/2/22

Survey held at TransEuro Cars

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                   |
|-------------|----------------------------------------|
|             | MV-78K                                 |
| 18/4/22     | Final fig \$3851.74 (red 4561.48, 54%) |
|             |                                        |
|             |                                        |
|             |                                        |
|             |                                        |
|             |                                        |

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Date/Time, File Return to?

1) 19/4/22-typist

Report Format: TP

Lump Sum / I.B.I.: \$3851.74

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

Survey Fee:

Transportation:

S + RS: SI

Photos

Others

TOTAL

|     |
|-----|
| 160 |
| 40  |
| 50  |
| 28  |
|     |
| 288 |