

ASS. REC. BY:

Steve

REF:

CS/FCI22001550/Eqf3

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.

D22000466MFCV

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:

4

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:

SLR96066

Yr Regn:

31/8/17

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

Truck / Trailer or

Make:

Toyota Estima

c.c

2367

Colour

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

74831

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ACR507137995

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/50R18

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

15/2/22

D.O.A.

11/3/22

Survey held at

Shu fatt

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

Rear RH

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

Date / Time

Action / Instruction

MV-108K

Steve finalised LS \$3150, 4 days (Red \$3856.33, 55%)

Date/Time, File Pass to?



: Prel. Report



: Final Report

1) 29/03 Typist

Date/Time, File Return to?

2)

Report Format:

TP

Lump Sum / L.S. (\$

3150

Days Of Repair:

4

Resurvey No. of Trip:

1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL

150

50

50

36

286