

ASS. REC. BY:

REF:

CS/FCI 2200 2949/Rq 43

307R

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SNE 5287Pat Workshop m/s CYCLE & CARRIAGEof 188, Pandan LoopInsured: FCI

Policy No. _____

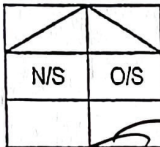
Claims No. D22000915MVQC

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: 175K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 3 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: SNE 5287P Yr Regn: 2022/MARType: M.Cycle / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: MERCEDES BENZ CLA 180 C-P c.c. 1332Colour: BLACK A/C: Insured / Std / NI / NASp. Reading: 326 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WIKI183842N286589Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/45R18

R: _____

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

TOYO / YOKO or Hankook

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 27/03/22 D.O.I. 05/04/22Survey held at CYCLE & CARRIAGE (CPL)

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

Rear o/s

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

Date / Time	Action / Instruction
	<u>REPAIR LIMIT - 88K</u>
	<u>Rasul finalised final fig \$4184.04, 3 days. (Red \$1421.89, 25%)</u>

Date/Time, File Pass to?

☐ : Preli. Report

1) 20/04 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____) S + RS. SI☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others☐ : Weekend (\$ _____)Report Format: TPLump Sum / L.B.L. (\$) 4184.04

Survey Fee:	140
Transportation:	50
	50
	26
	266