ASS. REC. BY: Taufik | REF: CS/MSG 22003115/Tys

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. 80481271QMX

Claims No. 640844

Sum Insured: _____ Excess: 500 ~~1/4~~

(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: $44K

IDAC Accident Rport: _____ 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: SKZ788T Yr Regn: 2015 Nov.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Citroen C4 Picasso c.c 1560

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

Sp.Reading 111311 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF73D1BHZTFJ752909

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 225/45R18

R: 2 " "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 30/3/2022 D.O.I. 5/4/22

Survey held at Automotive Repair Centre

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
	Lta Rebate: $27830
	Nett value - $44,000 - 27830 = $16,170.
	Workshop estimate is $30,000
	Vehicle not economical to repair, recommend for total loss.
7/4/22	Submit uneconomical T/L-mv:$44k (est) Lta: $27,830 Nv:$16,170 , Est : $30,000

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 7/4/22-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I: (% _____)

Survey Fee:	
Transportation:	
___S + RS.___SI	
Photos	
Others	
TOTAL	

Accident report SJ04223S000V