

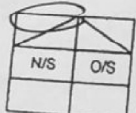


ASS. REC. BY: Kenneth

REF: C12 / 22003735 / K.vy3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MY
 To Inspect Vehicle No: _____
 at Workshop m/s Fulco
 of 276H
 Insured: SKF 6512M
 Policy No. DMPCSNNW00123252100
 Claims No. SNM22D202702/C02
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____



INS
PEC
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(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: 2-3 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time Action / Instruction

18/5/22 Kenneth informed final fig \$1738.70 (red 3196.70, 64%)

Veh No: Sms 22406 Yr Regn: 02, 20
 Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mit Space Sta c.c. 1193
 Colour: M.P. Red A/C: Insured / Std / NI / NA
 Sp. Reading: 66505 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MMBXTA03A L11-000356
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rlm / STD A/Rlm or
 Tyre Size: F: 175/55R15
 R: _____
 S / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front
 R/Bal. 7 mm
 L/Bal. 7 mm
 D.O.A. 16/4/12
 Survey held at
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
15 N/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Time, File Pass to? ☐ : Prell. Report
☐ : Final Report

18/5/22-typist

Format: TP
 Sum / L.B.I: (\$ 1738.70

Days Of Repair: 2
 Resurvey No. of Trip: 2

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

Survey Fee:
 Transportation:
 \$ + R.S. \$
 Fines
 Others

TOTAL

Signature:
 Date:

TOTAL