

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: XD 4120E

Policy No. _____

Claims No. D22001204MFCV/GBL/TPD 1

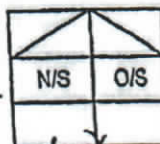
Sum Insured: _____ Excess: _____

(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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKJ 1368A Yr Regn: 11/14/18

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

Truck / Trailer or

Make: Merc des-Benz E200 c.c. 1991

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

Sp. Reading: 10621 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2130472 A546316

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 275/40R19

R: 11

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

TOYO / YOKO or .

Front Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 21/4/22 D.O.I. 10/5/22

Survey held at Cycle

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-160K
17/5/22	Steve informed \$4831.99 (red 1857.61, 27%)

Date/Time, File Pass to? ☐ : Prell. Report1) ☐ : Final Report

Date/Time, File Return to?

2) 18/5/22-typist

Report Format: TP

Lump Sum / I.B.I. (\$4831.99)

Days Of Repair: 3

Resurvey No. of Trip: 2

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

Survey Fee:

Transportation:

8 + R.S. \$

Photos

Others

TOTAL

145
50
50 + 50
39
334