ASS. REC. BY:

REF: CS/CTI22004442/Bqy3

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.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJE 4997C Yr Regn: /

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

Make: SUZUKI SWIFT c.c 1242

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

Sp.Reading 190658 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZC71S419543 *

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: 195/55 R15

R: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	08/05/22	D.O.I.	12/05/22

Survey held at Bifrost

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
	Finalize $1300.00. (L/S, before GST), 4 days.
	(Red $11802.02, 90%)

Date/Time, File Pass to? ☐ : Preli. Report

1) 22/05 Typist ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___S + RS.___SI

Photos

Others

TOTAL

Report Format : MER-TP

Lump Sum / LS / ($ 1300)