

ASS. REC. BY: Form

REF:

CS/FCI 22004493/RTY³

661M

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: GBD 7593Pat Workshop m/s TWIN WHEELSof 38, WOODLAND RD #101-14 E1Insured: FCI

Policy No. _____

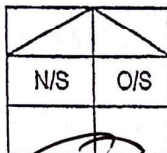
Claims No. _____

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: 32k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 5 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: GBD 7593P Yr Regn: 2015, APCType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make: Volkswagen Caddy 1.6 TDI c.c 1598Colour: WHITE A/C: Insured / Std / NI / NASp. Reading: 198/41 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WV1222KZFX108976Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 01/04/22 D.O.I. 19/05/22Survey held at TWIN WHEELSDes. 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

REPAIR UNIT - 16K

lump sum: \$6850 and 5 days

(red, \$5603.68, 45%)

Date/Time, File Pass to?

1) 04/08/22

Date/Time, File Return to?

2)

Report Format: tpLump Sum: 6850Days Of Repair: 5Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ _____) S + RS. \$☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others

(2 x 15 = 30)

Survey Fee: 170 + 30

Transportation: 50

50

52

Total : 352