Vny3

ASS. REC. BY: Thevan | REF: CS/FCI2200473013

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: 2000

(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: 60k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 4 ~~3~~ 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: X2293K Yr Regn: 2/11/19

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

Truck / Trailer or _____

Make: Mercedes Benz Sprinter c.c ~~2448~~ 2143

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

Sp.Reading 36751 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDB9062532N773769

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: 205/75R16

R: 205/75R16

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

TOYO / YOKO or duraturn

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	11/5/22	D.O.I.	19/5/22 1630

Survey held at Hing Auto group

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: 60k
	rebate: 18309
	NV: 41691
	Estimate not ready, workshop nvr give
	lump sum: $3900 and 4 days
	(red, $6831.50, 64%)

Date/Time, File Pass to?

1) 05/08/22

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : OD

Lump Sum / I.B.I: ($ 3900)

Survey Fee:	170
Transportation:	50
S + RS, SI	
Photos	25
Others	
TOTAL	245