ASS. REC. BY: Kenneth

REF: FGZ / 22004918 / K843

C

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s EM

of

Insured:

Policy No.

Claims No. D22001544MFCV

Sum Insured: Excess:

(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: $8k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 06 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 3/23 Person Contacted: Vehicle: IN / OUT

Veh No: SJO 1157K Yr Regn: 03, 08

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

Make: Toy Vios (A) c.c 1497

Colour M. Brw A/C: Insured / Std / NI / NA

Sp.Reading 212527 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR053HY930503679 8

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: Touradar 185/60R15

R:

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

Front			Rear		
R/Bal.	7	mm	R/Bal.	2	mm
L/Bal.	7	mm	L/Bal.	2	mm

D.O.A. 19/5/22 D.O.I. 25/5/2022

Survey held at

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
26/5	L/Sp $3850 Cashed (Red $4378.68, 53%)

Date/Time, File Pass to?

1) 07/6 [illegible]

Date/Time, File Return to?

2)

[ ] : Preli. Report

[ ] : Final Report

Days Of Repair: 6

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] Tech Invs ($)

[ ] Weekend ($)

Report Format: TP

Lump Sum / I.B.I. ($ 3850)

Survey Fee:	160
Transportation	50
_S + RS._ SI	
Fixes	24
Others	
TOTAL	234