ASS. Rec. By: GQ REF: CS4/EGI22006462/Gvy3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s FORZA AUTOHAUS

of

Insured:

Policy No. DMCG22005560

Claims No. CDMCG22001320

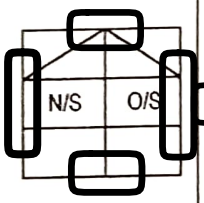
Sum Insured: Excess: -

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value: $35k

IDAC Accident Rport: 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

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: GBD7178E Yr Regn: 09 Apr/2015

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

Make: TOYOTA / HIACE DX 3.0 c.c 2982

Colour Silver A/C: **Insured / Std / NI / NA**

Sp.Reading — T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: KDH2010161214

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: 195R15

R: //

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

Front		Rear	
R/Bal.	— mm	R/Bal.	— mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	3/7/2022	D.O.I.	07-07-2022

Survey held at W/S 11:30

Des. of Damages : **Frt** / **Rear** / **O/S** / **N/S** / **U/C** / **Rooftop** or FIRE

The **U/C / Chassis frame / Body Structure** affected due to collision.

Date / Time	Action / Instruction
	TOTAL LOSS
15/8/22	Submit uneconomical T/L-mv:$35k LTA:$4599 nv:$30,401 est:$50,000

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 15/8/22-typist

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:	
Transportation:	
___S + RS.___SI	
Photos	
Other: Investigation	500
TOTAL	