CS4/CTI22006716/Evy3

ASSN. REC. BY: Steve

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. DMPCSNW00066032200

Claims No. SNM22D204547/C01/CSC

Sum Insured: _____ Excess: 40,000

(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: _____

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SGN 94 Yr Regn: 5/2/21

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

Make: Ferrari F8 Spider c.c 3902

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

Sp.Reading N/A T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZFF93LMC000262170

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: 245/35ZR20

R: 11

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
U/Bal.	5 mm	U/Bal.	5 mm
D.O.A.	15/7/22	D.O.I.	15/7/22

Survey held at Ital Auto

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 - 1154.000 Beyond economical repair - Total loss
	PV - 526,732
	NV - 673,268
10/8/22	Submit uneconomcial T/l-mv:$1,200,000 lta: $526, 732nv:$673,268
	revised $742,620 check items $19,438.61

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 10/8/22-typist

☐ : Prell. Report

☐ : Final Report

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech, Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation: $ + RS. SI	
Photos	
Others	500 Investigation
TOTAL	