

Ass. Ref. BY: _____ REP: CS/FCI22007656/Any3

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. D22002483MFCV
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SDX 3236T Yr Regn: 0021, May.
 Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Avante c.c. 1598
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 116675 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHLN41ETNU192526
 Gen. Cond: (Good) Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modif: Nil / (S/Rim) / STD A/Rim or _____
 Tyre Size: F: 205/55R16
 R: 205/55R16

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSD / (PIR) / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 12/08/22
 Survey held at SM

Bal. or Market Value: _____
 IDAC Accident Rport: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 7 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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
	<u>TP 1st Cap</u>
	Adrian confirmed lump sum: \$7300 and 7 days
	MV: (red, 11462, 61%)
	PV:
	Nett:

Date/Time, File Pass to? : Preli. Report
 1) 30/09/22 : Final Report

Days Of Repair: 7
 Resurvey No. of Trip: 2

Date/Time, File Return to?
 2) _____

Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Invs (\$) _____

Survey Fee:	_____
Transportation:	_____
Photos	_____
Others	_____

Report Formist: 7300