ASS. Rec. By: GQ REF: CS/ICS22008227/Gvy3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s BIFROST AUTO

of

Insured: SKD 9893D

Policy No.

Claims No. DMPC2200371H/ST

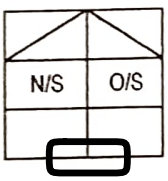
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLR4179E Yr Regn: 15 Aug 2017

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

Make: TOYOTA PRIUS c.c 1797

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

Sp.Reading 165634 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZVW508054595

Gen. Cond: Good / Fair / Poor / Burnt

Steering: norder / Jammed / Leaked / Burnt or

Brake: norder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: //

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 17/8/2022 D.O.I. 26-08-2022

Survey held at W/S 12:30PM

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
22/1/23	Lump Sum $3800 confirmed by email (Red 21,789.23, 85%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 31/1/23-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___S + RS. ___SI

Photos

Others

TOTAL

Repairer Furnished: Merimen

Lump Sum / UPD: LS $3800