

ASS. REC. BY:

Steve

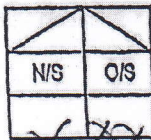
CS/UBI 2209430/ENG 3

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: YQ 1216C
 Policy No. _____
 Claims No. M11D16252210
 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 Report: _____ 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: SMC4659D Yr Regn: 3/7/18
 Type: ☒ M. Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
 Truck / Trailer or _____
 Make: Merch Civic c.s. 1597
 Colour: White A/C: ☐ Insured / ☐ Std / ☐ Nil / ☐ NA
 Sp. Reading: 45694 T/Radio: ☐ Insured / ☐ Std / ☐ Nil / ☐ NA
 Eng/No: _____
 C/No: MRHFC5650JT00986
 Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt
 Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Mod: ☐ Nil / ☒ S/Rim / ☐ STD A/Rim or
 Tyre Size: F: 205/50R16
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZ / ☒ MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front: _____ Rear: _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 22/9/22 D.O.I. 22/9/22
 Survey held at Koh Mera
 Des. of Damages: ☒ Frt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ UIC / ☐ Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

21/11/22

Steve informed final fig \$9233.49 (red 4435.67, 32%)

Date/Time, File Pass to?

☐ : Prel. Report

1)

Date/Time, File Return to?

☐ : Final Report

2) 21/11/22-typist

Report Format: TPLump Sum / I.B.: (\$ \$9233.49)Days Of Repair: 9Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

Photos

Others

TOTAL

3x25=75

240+75

60

80

64

529

OSF 24/11/22