

ASS. REC. BY:

REF:

FCI/22010284/KV

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Topical

of _____

Insured: SBJ 21M

Policy No. _____

Claims No. D22003248MFPC

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Van

(Policy Condition)

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

Bal. or Market Value: 895k

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 03 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKX 9929E Yr Regn: 01/16

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

Truck / Trailer or _____

Make: Mer C200 c.c. 1991

Colour: N.P White A/C: Insured / Std / NI / NA

Sp. Reading: 39762 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2050422R 112556

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: 225/50R17

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Continental

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 12/10/22

Rear

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 9/11/2022

Survey held at _____

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

Rear o/s

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

N/S	O/S

Date / Time Action / Instruction

17/11 21 Rmp @ 2650h Cab (red 2908.70, 52%)

Date/Time, File Pass to?

Prell. Report

Final Report

Date/Time, File Return to?

22/12/22-typist

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:

Add Fee: Site Insp (\$

Interview (\$

Tech Invs (\$

Weekend (\$

Transportation:

S-RS. SI

Fees

Others

TOTAL

140
50
50+50
17
307

Report Format: TP

Lump Sum /+B+ (\$ 2650)