

REC'D BY: Steve

CS/FCI22010593/Enc

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
① TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop n/s _____
or _____
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)

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

N/S	O/S
XXX	XXX

As. or Market Value: _____
IDAC Accident Report: _____ Consistent? : Yes or No
G/A / 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: _____

Veh No: SL44325 Yr Regn: 21/11/17
Type: Cap / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Toyota Prous c.c. 1797
Colour: White A/C: Insured / Std / Nil / NA
Sp. Reading: 166018 T/Radio: Insured / Std / Nil / NA
Eng/No: _____
C/Nr: 5DKB3F0703576993
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / SRim / STD A/Rim or
Tyre Size: F: 185/55R15
R: 17
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front _____ Rear _____
R/Bal. 4 mm R/Bal. 4 mm
L/Bal. 4 mm L/Bal. 4 mm
D.O.A. 23/10/92 D.O.I. 26/10/92
Survey held at Borneo
Des. of Damages: Frnt / Rear / O/S / N/S / UIC / Rooftop or
The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time Action/Instructions

MR 87K

24/11/22 Steve confirmed final fig: \$10086.90
(red. 21941.30, 69%)

Date/Time, File Pass to? ☐ : Preli. Report
1) 24/11/22 ☐ : Final Report
Date/Time, File Return to?

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

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

Survey Fee:
Transportation: _____
\$ + RS. \$ _____
TOTAL

Repair Format: _____
Lump Sum / L.B. (\$) 10086.90