

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s **SUCCESS UNITED**

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess: **\$600**

(Client's Record)

Make of Veh:

(Policy Condition)

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

☒	
N/S	O/S

Bal. or Market Value: **\$42k**

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: **4** days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA ☒ REV REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: **SKC3097E**Yr Regn: **11 Aug/2011**Type ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **HYUNDAI ELANTRA 1.6** c.c. **1591**Colour: **White**A/C: **Insured / Std / NI / NA**Sp. Reading: **—**T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: **KMHDH41CMCU173755**Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / ☒ STD A/Rim orTyre Size: F: **225/15 R17**

R: //

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

TOYO / YOKO or **Continental**

Front

Rear

R/Bal. **5** mmR/Bal. **4** mmL/Bal. **5** mmL/Bal. **4** mm

D.O.A.

D.O.I. **09-11-2022**Survey held at **OFFICE** **4PM**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

DESKTOP SURVEY

Finalize \$3129.60(P/P, before GST), 4 days. (Red \$1994.40, 39%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 10/01 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: **4**

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$

S + RS, SI

☐ : Interview (\$

Photos

☐ : Tech. Insp (\$

Other:

☐ : Travel and

TOTAL

Report Filed: **MER-OD**Total Fee / P/P: **3129.60**