

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: SKC3097EYr Regn: 11 Aug/2011Type ☒ M.Car / ☐ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: HYUNDAI ELANTRA 1.6 c.c. 1591Colour: WhiteA/C: Insured / Std / NI / NASp. Reading: —T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHDH41CMCU173755Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / ☒ STD A/Rim orTyre Size: F: —R: //

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

TOYO / YOKO or

Front

Rear

R/Bal. — mmR/Bal. — mmL/Bal. — mmL/Bal. — mm

D.O.A.

D.O.I. 09-11-2022

Survey held at

OFFICE4PMDes. 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:

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : A/Sel end (\$

Survey Fee:

Transportation:

3 + RS SI

Photos

Other:

TOTAL

Report Filed: MER-ODTotal Fee / P/P: 3129.60