

ASS. REC. BY:

REF:

FCI/22012042/Kw

SN08

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 _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

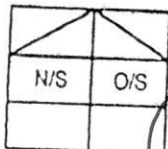
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: 8116K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 4 ~~66~~ days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKN1213 Yr Regn: 09, 14Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes P350 C.C. 2987Colour: N. Black A/C: Insured / Std / NI / NASp. Reading: 534446 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2221322 A 086453Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 245/50R18

R: _____

BS / DUN / EXNOVA GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 25/11/22

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 1/12/2022

Date / Time Action / Instruction

1 Est not ready

24/5 L1 Rm @ 3450L Carw 30/5/23 @ 04 days (Red # 7,039.00 / 67%)

Date/Time, File Pass to?

30/05/2023

1) Typist

Date/Time, File Return to?

2)

☐ : Prel. Report☒ : Final ReportDays Of Repair: 4

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

170

50

50 + 50

24

Report Format: TP

Lump Sum / I.B.I: (\$ 45 \$3,450.00)

TOTAL: 344