

ASS. REQ. BY:

REF: LIP/22012375/K1Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s

Fulco

of

3086

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

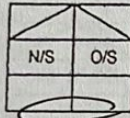
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: \$809k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 10 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 12/30

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJ8 7442GYr Regn: 12, 10Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Camry

c.c

2362Colour: M-Black

A/C: Insured / Std / Nil / NA

Sp. Reading: 216206

T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: MR053BK 4-007044149Gen. Cond: Good / Fair / Poor / BurntSteering: Interf / Jammed / Leaked / Burnt orBrake: Interf / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD ATIM orTyre Size: 160R16

R: _____

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

TOYO / XOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 6 mmL/Bal. 9 mmL/Bal. 6 mmD.O.A. 7/12/22D.O.I. 12/12/2022

Survey held at _____

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

1EH NOT ready

Kenneth confirmed lump sum \$8400 and 10 days

(red, \$12675.50, 60%)

Date/Time, File Pass to?

13/04/23

: Prell. Report



: Final Report

Date/Time, File Return to?

Days Of Repair: 10Resurvey No. of Trip: 2

Survey Fee:

Transportation

Add Fee: ☐

: Site Insp (\$

) S + RS. SI



: Interview (\$

) Fm. Ins



Tech Invs (\$

) Others



Weekend (\$

)

Report Format :

Lump Sum / I.B.I. (\$

8400

TOTAL