(06/11/22) Sml

ASS. REC. BY:

REF: CS3/GRB22010810/Svy3-1

ASSIGNMENT

merimen PRS

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: -

at Workshop m/s Evolutions 96 Auto

of _____

Insured: SLS 5273D TTT

Policy No. D21MFL0000447_01

Claims No. MFL2022D0006564

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

N/S	O/S

(Policy Condition)

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

Bal. or Market Value: $31K ✓

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 3 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: GBE 4050D Yr Regn: 25 Nov 2015

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toyota dyna c.c 2982

Colour white A/C: Insured / Std / NI / NA

Sp.Reading 278153 T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: KDY231802147 1

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoder / Jammed / Leaked / Burnt or _____

Brake: Inoder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195R15C

R: 155R13

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	6 mm
L/Bal.	5 mm	L/Bal.	6 mm

D.O.A. 26/10/22 D.O.I. 31/10/22

Survey held at Evolutions 96 Auto

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Front nearside N/S

The U/C / Chassis frame / Body Structure affected due to collision.

yerry: 14K

mv: 45K

IVV: 31K

Date / Time	Action / Instruction
2/11/22	Submit PRS
5/1/22	Submit LS $4350 (Red 1650, 27%)

Date/Time, File Pass to? ☐ : Preli. Report

1) _____ ☐ : Final Report

Date/Time, File Return to?

2) 5/1/23-typist

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	
Others	
TOTAL	