

ASS. REC. BY: Taught

REF:

CS/PC 23000457/Ty3

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: **GBK 9307A**

Policy No. _____

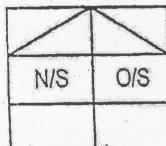
Claims No. **D23000208MFCV**

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: \$50K.

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SRD4488F** Yr Regn: **2016, June**

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Holder Shuttle** c.c. **1496**Colour: **Blue** A/C: Insured / Std / NI / NASp. Reading: **83971** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **6K81005073**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **205/50R16**R: **205/50R16**

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. **6** mm R/Bal. **6** mmL/Bal. **6** mm L/Bal. **6** mmD.O.A. **12/1/2023** D.O.I. **08/02/23 5pm**Survey held at **MRM wheel/pave**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
21/4/23	Lump Sum \$2300 confirmed by email (Red 2690, 53%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) **21/4/23-typist**Report Format: **TP**Lump Sum / Est. Cost: **\$2300**Days Of Repair: **4**Resurvey No. of Trip: **1**Add Fee: ☐ : Site Insp (\$ _____) S + RS _____ SI☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

TOTAL

135
50
50
32
267