DISTRICT

ASS. REC. BY: Akid Kamal

REF: CS/FC123001537/Wny3

EST

# ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / LWS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: FCI

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.

| N/S | O/S |
|---|---|
| | |

Bal. or Market Value: $460K

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

0712032

Veh No: SNG 621 E Yr Regn: 10/05/2021

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

Make: Mercedes Benz E63S cc 3982

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

Sp.Reading 9631 T/Radio: Insured / Std / NI / NA

Eng/No: 177980601431142

C/No: WIK213289ZA9749 '97

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or _____

Brake: Inoper / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 295/30 ZR20

R: 295/30 ZR20

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 6 mm | R/Bal. | 6 mm |
| L/Bal. | 6 mm | L/Bal. | 6 mm |

D.O.A. 11/02/2023 D.O.I. 17/02/2023 1500

Survey held at MBM Wheelpower

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 |
|---|---|
| | Balance: 113.3M |
| | Yearly: $40K |
| | ARF 50%: $84,765 |
| | MV: $460K |
| | LTA $213,355 |
| | NV: $246,617 |

We will be advising our principal a cost of repair of $6,374.42 before GST with 3 days of repair

(red. $8719.58, 58%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: _____

Report Format : _____

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

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

5x15=75

| | |
|---|---|
| Survey Fee: | 170+75 |
| Transportation: | 50 |
| $ + RS = SI | 50+50 |
| Photos | 46 |
| Others | |
| | |
| TOTAL | 441 |

OSP 23/6/23