

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SFG 3114
at Workshop m/s: BORNO
of: 341, UPPER BUNKER TOWER #103-09
Insured: FC12
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

96680046

(Policy Condition)

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

☒	☐
N/S	O/S
☐	☐

Bal. or Market Value: 116K
IDAC Accident Rpt: 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SFG 3114 Yr Regn: 2016 / July
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: TOYOTA LEXUS RX 200T EX6 2ND c.c. 1998
Colour: WHITE A/C: Insured / Std / NI / NA
Sp. Reading: 134471 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JT 824MCA802006775
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modi: Nit / S/Rim / STD A/Rim or
Tyre Size: F: 235/65R18
R: _____

B5 / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front		Rear
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm
D.O.A. <u>08/03/23</u>		D.O.I. <u>21/03/23</u>

Survey held at BORNO

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

FRT N/S

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

Date / Time Action / Instruction

REDAN LIMIT-57K

We will be advising our principal a cost of repair P/P \$8,741.10.00 /- with 03 days of repair before GST, subject to their approval.

(red, \$991.2, 10%)

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1) 13/04/23

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS SI

Photos

Others

Add Fee:

☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

TOTAL

Report Format :

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

170
50
50
63
333