(087)13

ASS. REC. BY: Akid Kamal

REF: CS3/FC123003287/Wny3

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: FC12

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: _____

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

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

Veh No: SJQ 9561 E Yr Regn: 21/06/2009 04/2029

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

Make: Mitsubishi Lancer 1.6 c.c 1584

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

Sp.Reading 165041 T/Radio: Insured / Std / NI / NA

Eng/No: 4G18KC5146

C/No: JMYSNCS3A9U00 *4607

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 205/50 R16

R: 205/50 R16

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

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

D.O.A. 22/03/23 D.O.I. 31/03/23 1430

Survey held at Polymath Garage.

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: 73.3M
	Yearly: $11.5K
	Akid informed final fig $480 and 3 days
	(red. $2203.5. 82%)
	MV: $69K
	LTA: $15,828
	NV: $52,172

Date/Time. File Pass to?

1) 13/04/23

Date/Time. File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	110
Transportation:	50
$ + RS $ SI	
Photos	16
Others	
TOTAL	176