ASS. REC. BY: Kenneth

REF: TP / CS/TP18001977/Kq6n2

ASSIGNMENT

From: | Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Trans Cab

of

Insured:

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: 02 days | Res.: Yes or No

Lum Sum: 20 % | 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHD 9746G Yr Regn: 12, 13

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

Make: Renault Latitude (A) c.c 1995

Colour M. White / Red A/C: Insured / Std / NI / NA

Sp.Reading 410207 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: VF1ABL15AUC 278157

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: Giti 215/60R16

R: Falken

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	27/1/18	D.O.I.	31/1/18

Survey held at

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
1/2	File pass to Catherine
	L/Rep @ 2450 (Red @ 34,248.72, 93%)
	no resurvey photo
	SHD 9746G - OC3/AXA17018124 / Khb392
	1/2/2018 DOA: 15092017

Date/Time, File Pass to? 1) 07/2 [signature] | : Prell. Report | : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee: : Site Insp ($) | : Interview ($) | Tech Invs ($) | Weekend ($)

26x15 = 390

Survey Fee	170 + 390
Transportation	50
__S + RS.__SI	
Photos	9
Others	80
TOTAL	699

Report Format : 78

Lump Sum / I.B.I. ($ 2450)