

ASS. REC. BY:

REF:

FC21

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop n/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

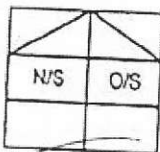
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

07

days

Res.:

Yes or No

Lump Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

6/7 File pass to Carhenge

RECEIVED 10 AUG 2010

Date/Time, File Pass to?

30/8 11:18

Date/Time, File Return to?

☐

: Prel. Report

☐

: Final Report

Days Of Repair:

7

Resurvey No. of Trip:

1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Veh No:

X0 3086C

Yr Regn:

2008

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

Truck / Trailer or

Make:

Hit

c.c

12882

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading

73237P

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

1EV31JJA 00355

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

2P5/80R225

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

TOYO / YOKO or

Front

R/Bal.

7

mm

Rear

R/Bal.

66

33

L/Bal.

7

mm

L/Bal.

66

33

D.O.A.

30/8/18

D.O.I.

5/7/18

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.

Report Format:

TP

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

30000

Survey Fee:

29x15=435

Transportation

S-PS, SI

Parking

Others

1701 435
50
50
18
723

30/8/18