

ASS. REC. BY:

M/C/S

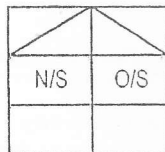
Ref:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SLE 52594
 at Workshop n/s SP
 of _____
 Insured: SLN 6426A
 Policy No. 29114756
 Claims No. 611067
 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: 581.
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 6 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS 192J
 Date: _____ Person Contacted: Byrd John Diggle
 Vehicle: IN / OUT

Veh No: SLE 52594 Yr Regn: 2 / 16
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or CA
 Make: KIA forte K3 C.C. 1591
 Colour Grey A/C: Insured / Std / NI / NA
 Sp. Reading 84304 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KNAP241MF5537855
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or ok
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215 / 45 R17
 R: _____
 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. 9/11/19 D.O.I. 11/11/19
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
ok O/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	have Gides. have h.a TRA 42184
	net 1/5816
	SLE 52594 - X
	SLIV 6426A - X

RECEIVED 17 JAN 2020

12/11/19 Email GIA to MSG
 16/1/20 Confirmed 4/5 @ \$200 with Ahr. (Reel 19,059.50, 709)
 16/1/20 Send preli revised via merimen

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 6

1) Date/Time, File Return to?

☐ : Final ReportResurvey No. of Trip: 2

2) A/I - typist

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

Photos

Others

TOTAL

Report Format:

Lump Sum / LBJ:

merimen

8200/f

200
11

211

16/1/2020