

ASS. REC. BY:

REF:

C72 / 20003193 / KSP3

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

See You

of

Insured:

Policy No.

Claims No.

Sum Insured:

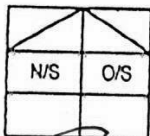
Excess:

(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:

days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

2730

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PC 6161 Z

Yr Regn:

02, 10

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

Truck / Traller or

Make:

Isuzu

c.c

7780

Colour

Multi Colour

A/C:

Insured / Std / NI / NA

Sp. Reading

412750

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JALCT134P - 87000 PC

Gen. Cond:

Good / Fair / Poor / Burnt

Steering:

In order / Jammed / Leaked / Burnt or

Brake:

In order / Jammed / Leaked / Burnt or

Modl:

Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

175R18

Ling R:

Long 11R 22.5 (D)

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

TOYO / YOKO or

Front

R/Bal.

8

mm

Rear

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

20/12/19

D.O.I.

3/4/2020

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 / GIA & EM not in whsp.

KENNETH CONFIRMED L/S \$ 3,400.00/4 DAYS WITH ELAINE

(\$ 17,222.50/RED - 84%)

Date/Time, File Pass to?

29/10/2020

1) TYPIST

Date/Time, File Return to?

2)



Prell. Report



Final Report

Days Of Repair:

4

Resurvey No. of Trip:

-

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ L/S \$ 3,400.00