

ASS. REC. BY:

REF:

AGL/20005432/K7

Kennerh

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

3/23

Person Contacted:

Vehicle: IN / OUT

Veh No:

FK 77806

Yr Regn:

03, 93

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

Truck / Trailer or

Make:

Honda

CG125 c.c.

124

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading

0009

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

CG125E.2441699

Gen. Cond: ~~Good~~ / Fair / Poor / BurntSteering: ~~Inorder~~ / Jammed / Leaked / Burnt orBrake: ~~Inorder~~ / Jammed / Leaked / Burnt orModl: ~~Nil~~ / S/Rlm / STD A/Rlm or

Tyre Size:

F: B.S

2.75x18

R: Estrom

3.50x18

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.

mm

L/Bal.

mm

D.O.A.

22/4/20

D.O.I.

28/4/2020

Survey held at

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

N/S body

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Lump Sum \$1200 (red. 4248.20 (77%))

Date/Time, File Pass to?

1) 6/5/2020

Date/Time, File Return to?

2)

☐

: Prel. Report

☐

: Final Report

Days Of Repair:

3

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. (\$

1200/-