ASS. REC. BY: Kenneth

REF: CTZ/ 20006798/HF Ksf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Chey Hoe

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: 05 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBD 5355Z Yr Regn: 11, 14

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

Make: NIS Cobstar c.c 2953

Colour Pink A/C: Insured / Std / NI / NA

Sp.Reading 275928 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JNISC21-247-0856526

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: MI / S/Rim / STD A/Rim or _____

Tyre Size: F: Delium 1P5R 15x8

RR Wellake 155R 12x8(D)

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	33 mm
L/Bal.	8 mm	L/Bal.	33 mm
D.O.A.	23/6/20	D.O.I.	3/7/2020

Survey held at ✓

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

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

Date / Time	Action / Instruction
/	KENNETH CONFIRMED L/S $ 3,700.00/5 DAYS WITH EFEEDA. ($ 1,445.00/RED - 28%)

Date/Time, File Pass to? 29/10/2020

1) TYPIST

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☑ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ - RS: _____ SI

Parking _____

Others _____

TOTAL _____

Report Format :

Lump Sum / I.B.I: ($ L/S $ 3,700.00)