

ASS. REC. BY:

REF: FWD / 2000 7097/KSf3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / 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: \$ 27,500

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 07 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

11 Sep 8 4000h max

KENNETH CONFIRMED L/S \$ 4,000.00/7 DAYS WITH JOE.

(\$ 21,277.50/RED - 84%)

Veh No: SKE 10154 Yr Regn: 12, 11

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

Truck / Trailer or Wagon

Make: Volkswagen 1390

Colour: M. D. Blue A/C: Insured / Std / Nil / NA

Sp. Reading: 124384 T/Radio: Insured / Std / Nil / NA

Eng No: 205

C/No: WVG 8881T2CW054421

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16

R: _____

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

TOYO / YOKO or Continental

Front R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 6/7/20

Survey held at 8/7/2020

Des. of Damages: Frt / 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

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Date/Time, File Pass to?

15/07/2020

1) TYPIST

Date/Time, File Return to?

2)

Prell. Report

Final Report

Days Of Repair: 7

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Add Fee: Site Insp (\$)

Interview (\$)

Tech Invs (\$)

Weekend (\$)

Report Format:

Lump Sum L.B.I. (\$ L/S \$ 4,000.00

Scanned with