(08/11/13) wef

ASS. REC. BY: Marcus

REF: CS/TP2009021/Ucf3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SKN1533T

at Workshop m/s KM

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: 6 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS LYA 65507

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKN1533T Yr Regn: 9 / 17

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

Make: KIA Sorento c.c 2199

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

Sp.Reading 91,084 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNAPH81BSH5349199

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/55R19

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	22/8/20	D.O.I.	26/8/20

Survey held at

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

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

Date / Time	Action / Instruction
3/9/20	L/S #6000 Granted C$ 2,961.00 Ref - #6027

Date/Time, File Pass to? 04/09/20

1) Tyas

Date/Time, File Return to?

2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 2

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

Report Format : INDEPENDENT

Lump Sum / I.B.I: ($ 6,000/- L/S)

	4x15=60
Survey Fee:	170+60
Transportation.	50
S + RS, SI	50+50
Photos	84
Others	80
TOTAL	544