

ASS. REQ. BY:

REF: SMO/2000 9987/K+C

Kenneth

ASSIGNMENT

07/2017

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

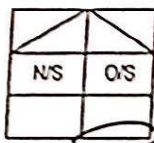
Excess:

(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:

1-B.1

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN/OUT

Veh No:

YP 6833 T

Yr Regn:

03/15

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

Truck / Trailer or

Make:

Isuzu

NPR75

c.c

5193

Colour:

Yellow

A/C:

Insured / Std / NI / NA

Sp. Reading:

23 F030

T/Radio:

Insured / Std / NI / NA

Eng No:

Ch No:

JAANPR75KG F102043

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: M / S/Rlm / STD A/Rlm or

Tyre Size:

F:

215/85R16

R:

(0)

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

TOYO / YOKO or

Front

Rear

R/Sal.

9

mm

R/Sal.

22

mm

L/Sal.

9

mm

L/Sal.

22

mm

D.O.A.

7/9/20

D.O.A.

21/9/2020

Survey held at

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

Rear o/s

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

Date / Time

Action / Instruction

24/02/2021 Kenneth confirmed LS \$1,650.00 ; 3 days with repairer. (Red \$6,369.00; 79%)

Date/Time, File Pass to?



Prell. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

S + RS. SI

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$)