

ASS. REC. BY:

REF:

UOV 20000051KV

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OO / TP / WS / TP RES / OO RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

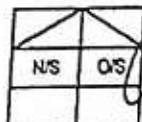
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Est. or Market Value: _____

IDAC Accident Report: _____

Consistent?: Yes or No

GIA / PR Seen: _____

Consistent?: Yes or No

Est. Repairs: _____

06 days

Res.: Yes or No

Lump Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: _____

PMM 3418L Yr Regn: 06.19

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

Truck / Trailer or _____

Make: _____

Toy Noah

cc 7797

Colour: _____

M.P. White

A/C: Insured / Std / NI / NA

Sp. Reading: _____

10 SP51

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

BWR80

0384991

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In good / Jammed / Leaked / Burnt or

Brake: In good / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / RIM or

Tyre Size: _____

F: _____

195 / 65 R15

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. _____

J

mm

R/Bal. _____

J

mm

L/Bal. _____

J

mm

L/Bal. _____

J

mm

D.O.A. _____

15/9/20

D.O.I. _____

18/9/2020

Survey held at _____

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooflop or

old body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

1 EST NOT ready

Date/Time, File Pass to?



: Prelim. Report

1)



: Final Report

Date/Time, File Return to?

8/12/20-Typist

Report Format: TP

Lump Sum / L.B.: (\$ 5250)

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____

S. R.S. \$ _____

F. R. S. \$ _____

O. R. S. \$ _____

TOTAL \$ _____

TOTAL \$ _____

TOTAL \$ _____

TOTAL \$ _____

TOTAL \$ _____

TOTAL \$ _____

TOTAL \$ _____

TOTAL \$ _____

TOTAL \$ _____

TOTAL \$ _____

TOTAL \$ _____

TOTAL \$ _____

TOTAL \$ _____

TOTAL \$ _____

8x24=200

200+240

60

80

33

580

613

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