

ASS. REC. BY:

REF:

CSI

AGZ/20010686/Ksd3

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.

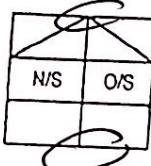
Sum Insured:

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:

IDAC Accident Rpt:

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

3/24

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

08/01/2021 @ 15:41PM CHECKED WITH KELLY VIA PHONE CALL,  
L/S \$4,700.00/7 DAYS FINALIZED WITH KENNETH DONE

Date/Time, File Pass to?

11/01/2021

1) TYPIST

Date/Time, File Return to?



: Prell. Report



: Final Report

Days Of Repair:

7

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Report Format :

Lump Sum

I.B.I. (\$ L/S \$4,700.00