

ASS. REC. BY:

REF: CTZ/ 200108741K

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WVS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

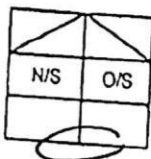
Excess:

(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:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

YP6815X

Yr Regn:

07 / 17

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

Truck / Trailer or

Make:

Iruu

NPR

c.c 5193

Colour

Yellow

A/C:

Insured / Std / NI / NA

Sp. Reading

221719

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JAANPR75K14 7100751

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/85R16

R:

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

TOYO / YOKO or

Front

R/Bal.

8

mm

Rear

R/Bal.

3/3

mm

L/Bal.

8

mm

L/Bal.

3/3

mm

D.O.A.

27/9/20

D.O.I.

9/10/2020

Survey held at

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

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

Date / Time

Action / Instruction

15/3 85% not ready
Kenneth confirmed final fig \$8535, 6 days with repairer. (Red 50, 586.50, 85%)

Date/Time, File Pass to?



: Prell. Report

1)

Date/Time, File Return to?



: Final Report

2)

Days Of Repair:

6

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S - R.S. - SI

P. - P.S.

O. - O.S.

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Report Format:

TP

Lump Sum / 18% (\$

\$8535.00