

ASS. REC. BY:

REF:

TP /

CS1/TP20012022/Kvf3

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

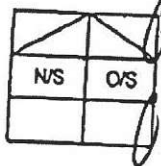
Excess:

(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:

14

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S/HO 388R

Yr Regn:

/

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

Truck / Trailer or

Make:

Mer E220 CDI

c.c

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDB2110082B

179564

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

1/2/14

D.O.I.

7/2020

Survey held at

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

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

Date / Time

Action / Instruction

Paper Survey
Smart accordingly

4/11/20 Submit LS \$19,950 (Red 72,416.09, 78%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

4/11/20-Typist

Report Format: PS

Lump Sum H.B.t: (\$ 19,950)

Days Of Repair: 14

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - P.S. SI

F.P.T.

Others

TOTAL

OSP 10/11/20

82X15=1230

1230+170=1400

1400

80

1480