

ASS. REC. BY:

REF:

CTZ/ 20012860/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:

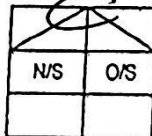
Excess:

(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:

03 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:

SKB 3355R

Yr Regn:

071 20

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

Truck / Trailer or

Make:

Toy Pienta

c.c.

1896

Colour

M-Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

9932

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

NSP170 7218561

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

Tire Size:

F:

185/60R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

17/11/20

D.O.I.

25/11/2020

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

/ GIA & EM not in whsp.

KENNETH CONFIRMED L/S \$2,200.00/3 DAYS WITH BOSS
(\$1,907.95/RED - 46%)

Date/Time, File Pass to?

24/12/2020

1) TYPIST

Date/Time, File Return to?

2)

☐: Prell. Report☒: Final Report

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S - RS. SI

F. P. S.

Others

Add Fee:

☐: Site Insp (\$☐: Interview (\$☐: Tech Invs (\$☐: Weekend (\$

TOTAL

Report Format:

Lump Sum I.B.I. (\$ L/S \$2,200.00