

ASS. REC. BY:

REF: AG / 210021611kp

C

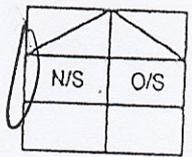
Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Tans Cab
 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: 05 days Res.: Yes or No
 Lum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHF 665E Yr Regn: 08, 20
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toy Pns c.c. 1798
 Colour: M.P. White / Red A/C: Insured / Std / NI / NA
 Sp. Reading: 58906 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKB3FU903091301
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Mod.: Nil / S/Rlm / STD / Rlm or _____
 Tyre Size: F: Pailun 195/65R15
 R: Run
 BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 9 mm R/Bal. 6 mm
 L/Bal. 9 mm L/Bal. 6 mm
 D.O.A. 8/2/21 D.O.I. 15/2/2021
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
N/S body
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>19/2</u>	<u>23755.70 C</u>

Date/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech Invs (\$)
 : Weekend (\$)

Survey Fee:

Transportation:	_____
S + RS. SI	_____
Fuel/Oil	_____
Others	_____
TOTAL	_____

Report Format :
 Lump Sum / I.B.I: (\$)