

ASS. REC. BY:

REF:

CS/AGI21003119/Ktf3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ Yee Auto

of _____

Insured: SKX 4536M

Policy No. _____

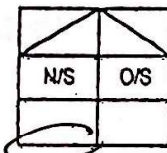
Claims No. C10009313/KY

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 NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: Smk 15745 Yr Regn: 03, 19Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or (A)Make: NIS Sylphy c.c. 1598Colour: M. Red A/C: Insured / Std / NI / NASp. Reading: 74800 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MNT BBA178-0034985Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: MII / S/Rlm / STD / MRM orTyre Size: F: 195/80R16

R: _____

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 8 mmL/Bal. 6 mm L/Bal. 8 mmD.O.A. 8/13/21 D.O.I. 10/3/2021

Survey held at _____

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

Rear N/S

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

Date / Time Action / Instruction

LUMP SUM \$4450, 7DAYS

RED: 10594.11;70%

Date/Time, File Pass to?

☐ : Prell. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 7Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

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

Report Format :

Lump Sum / I.B.I: (\$ 4450)