

ASS. REC. BY:

REF:

AGV 210040201Kt

C

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:

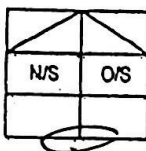
Excess:

(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:

7 1/2

days

Res.: Yes or No

Lum Sum:

1.81

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

30/3

8712.23 Cash

red:

red: 11566.95; 94%

Veh No: S10 94028 Yr Regn: 03, 19

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

Truck / Trailer or

Make:

Toy Prius

c.c

1798

Colour

M-P. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

180422

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTD KB3FU30309466

Gen. Cond:

Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD / Rlm or

Tyre Size:

F:

193/65R15

R:

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

TOYO / YOKO or

Bridon

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

27/3/21

D.O.I.

30/3/2021

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?



Prell. Report

1)



Final Report

Date/Time, File Return to?

Days Of Repair:

1.5

Resurvey No. of Trip:

Survey Fee:

2)

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

Transportation:

S + RS, SI

Parking

Others

TOTAL

Report Format:

TP

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

712.23