

ASS. REC. BY:

REF:

TP / CS/TP21004037/Ktc

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: _____

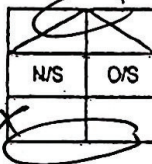
Excess: _____

(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 Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SI-E 3311K Yr Regn: 09, 16

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

Truck / Trailer or _____

Make: mit APX c.c. 1998Colour: white

A/C: Insured / Std / NI / NA

Sp. Reading: 108241

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JMFX+GA 2WIFZ-C 22368Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NI / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: _____

225/55R18

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

TOYO / YOKO or

Front

Rear

R/Bal. 3 mmR/Bal. 3 mmL/Bal. 3 mmL/Bal. 3 mmD.O.A. 1/12/20D.O.I. 26/3/2021

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
1 / 7/16/05	submit uneconomical total loss
	M @ 62k
	LTA above @ 46,253
	Bal @ 15,747
	Invoice bill to owner Cindy Quirk 1hr Pay
	MV: 62000
	LTA 46253
	NV: 15747

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$ _____)

S - RS. \$ _____

☐

: Interview (\$ _____)

: Fines _____

☐

Tech Invs (\$ _____)

: Others _____

☐

Weekend (\$ _____)

TOTAL

Report Format: _____

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