ASS. REC. BY: Steve CS/CT121004619/ETF3

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. DMPCSNW00045722100

Claims No. SNM21D201916/C02/TANKL

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FBA 6743 X Yr Regn: 20/7/06

Type: M.Car / (M.Cycle) / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Honda Wave c.c 125

Colour: Red A/C: Insured / Std / Nil / N

Sp.Reading: 93836 T/Radio: Insured / Std / Nil / N

Eng/No:

C/No: NF125MP0068976

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / (STD A/Rim) or

Tyre Size: F: 80/90-17

R: 90/80-17

BS / (DUN) / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal. 4 mm

L/Bal. mm

D.O.A. 2/4/21

Rear

R/Bal. 4 mm

L/Bal. mm

D.O.I. 13/4/21

Survey held at KIVILE enterprise

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
	MV- 650
	PV- 169 $450 lumpsum. 3 days
	NV- 481 red: 3075; 87%

Date/Time, File Pass to?

[ ] : Prell. Report

[✓] : Final Report

Date/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Inve ($)

[ ] : Weekend ($)

Survey Fee:

Transportation: __$ + RS.__St

Photos

Others

TOTAL

Perform : tp

Lump Sum / L.P. : l/s 450