

ASS. REC. BY:

Steve

REF:

CS/AGI21001667/Eqd3

ASSIGNMENT

FROM:

Date:

Estimated Cost:

OD / TR / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SKE 3507D

at Workshop m/s K'S PERFORMANCE

of

Insured: SLF 1282Y

Policy No.

Claims No. C10008561/KY

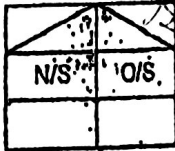
Sum Insured: Excess:

(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 Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brakes: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

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

MV-36K

Estimate COR: \$3000-\$4000

Submit PRS.

19/4/21 STEVE FINALISED L/S \$2000, 3 DAYS. (RED \$2700; 57%)

Date/Time, File, Pass to?



Prell. Report

19/4 TYPIST



Final Report

Date/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

Work Formed:

TP

Work Sum / + \$ / = \$2000.00