ASS. REC. BY: Kenneth | REF: CTZ/2100481 7/KP

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Tony Luck

of _____

Insured: _____

Policy No. DMCVSNW00076672005

Claims No. SNM21D202112C02/IRENE

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: 06 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBD 7882E Yr Regn: 04, 15

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

Truck / Trailer or SNI 1896cc 1461

Make: Mc Cima C.C

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 141758 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDF41560521 146592

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : NIV / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Taxi Max

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	12/4/21	D.O.I.	6/4/2021

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
/	
	LUMP SUM $4950, 9~~DA~~DAYS
	(RED: 4329.9;46%)

Date/Time, File Pass to? _____

☐ : Prell. Report

☑ : Final Report

Date/Time, File Return to? _____

Days Of Repair: ~~9~~ 6

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Insp ($ _____)

Report Format :