

ASS. REC. BY:

REF: AG2/210051971k4

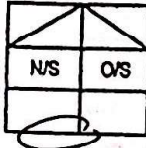
Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To Inspect Vehicle No: _____
 at Workshop m/s Accord
 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 Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 02 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: SOT 172J Yr Regn: 11, 15
 Type: Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Volvo S60 T5 c.c. 1989
 Colour: M. Black A/C: Insured / Std / NI / NA
 Sp. Reading: 117310 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: YV1FS40LDG 2402926
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD / RIm or _____
 Tyre Size: F: _____ R: 235/45R17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Bridgestone
 Front R/Bal. 5 mm Rear R/Bal. 7 mm
 L/Bal. 3 mm L/Bal. 7 mm
 D.O.A. 24/4/21 D.O.I. 30/4/2021
 Survey held at _____
 Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or
Rear N/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>May repair on I.B.I.</u>
	confirm acceptance Lump Sum: \$1700 (before GST) 2 day
	red: 13823.20;89%

Date/Time, File Pass to?

: Prell. Report

1)

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:

Transportation: _____
 S - RS: _____
 Fuel: _____
 Others: _____

TOTAL

Report Format : tp
 Lump Sum / I.B.I: (\$) 1700