

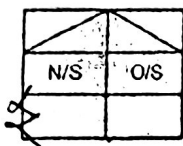
ASS. REQ. BY: Steve REF: CS3/LPC20012639/ESF3

CS3/LPC20012639/Eqf3-1 **ASSIGNMENT**

From: _____ Date: _____
Estimated Cost: _____
QD / TP / WS / TP RES / QD RES / EVA / INV / MV
To inspect Vehicle No: _____
at Workshop m/s _____
of _____
Insured: _____
Policy No: _____
Claims No: 20/20/20/VC05/023910
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)

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



Est. or Market Value: _____
DAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 4 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: SMS 5345T Yr Regn: 28/2/20
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Honda Vezet c.c. 1496
Colour: Black A/C: Insured / Std / NI / N
Sp. Reading: 47632 T/Radio: Insured / Std / NI / N
Eng/No: _____
C/No: Ru1-132976
Gen. Cond: 3 / Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: NII / S/Rim / STD A/Rim or
Tyre Size: F: 215/60R16
R: 1'
BS: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front Rear
R/Bal. 4 mm R/Bal. 4 mm
L/Bal. 4 mm L/Bal. 4 mm
D.O.A. 13/11/20 D.O.I. 17/11/20
Survey held at Garage 13
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear LH
The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>MV-89K</u>
<u>10/05/21</u>	<u>Submit LS \$1650, 4 days (Red \$1150, 41%)</u>

Date/Time, File Pass to? ☐ : Prell. Report
10/05 Typist ☐ : Final Report
Date/Time, File Return to?

Days Of Repair: 4
Resurvey No. of Trip: _____

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

Survey Fee:	
Transportation:	
S + RS	SI
Photos	
Others	
TOTAL	

Pop. Formals: TP
Lump Sum Fee: 1650