

ASS. REC. BY:

REF:

CS/MSG 21005241/DHJ³

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: SKA 2706Z

Policy No. 1001313076

Claims No. 256550

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 2 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKM 3093M Yr Regn: June 2019

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

Truck / Trailer or

Make: Honda Freed c.c. 1496

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

Sp. Reading: 121308 T/Radio: Insured / Std / NI / NA

Eng/No: LEB5631066

C/No: GB71092027

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/50 R 16

R: — " —

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

TOYO / YOKO or Habi lead

Front R/Bal. S mm Rear R/Bal. S mm

L/Bal. S mm L/Bal. 28 S mm

D.O.A. 26/04/2021 D.O.I. 24/04/2021

Survey held at JWG AMK

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

Rw H/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	MSG SKA 2706Z.
	<u>Submit PRS Report</u>
	<u>Workshop engaged independent.</u>
	<u>Rear bumper 11st 925.80</u> submit lump sum \$1000, 2days (red: 890; 47%)
	<u>Rear fange 400.00 to 700.00 with 2 days of rep.</u>

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to? _____

2) _____

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____

S + RS. SI _____

Photos _____

Others _____

TOTAL _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Report Format: TP-PRJ

Lump Sum / I.B.F. (\$) _____