

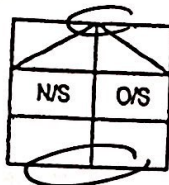
Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To Inspect Vehicle No: _____
 at Workshop m/s Thien Itay Itay
 of _____
 Insured: _____ 556A
 Policy No. _____
 Claims No. C10010944/CD
 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: \$80k

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 07 days Res.: Yes or NoLump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP / 24 HRS

09/30

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SCM 4515B Yr Regn: 09, 10
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or SA
 Make: Mer E250 CGI c.c. 1798
 Colour: M. Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 108139 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WDD 2120472A 281073
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: NII / S/Rlm / STD A/Rlm or
 Tyre Size: F: _____ R: 225/55R16
 BS / DUN / EXNOVA / GY / FS / LIZA MIC OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front: _____ Rear: _____
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 16/7/21 D.O.I. 21/7/2021
 Survey held at _____
 Des. of Damages: Frt / Rear O/S / N/S / UIC / Rooftop or
8/151
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 / Est not ready LVA make & 32,081.00

Kenneth confirmed LS \$13200, 7 days (Red \$37189.20, 74%)

Date/Time, File Pass to?

☐ : Prell. Report

1) 22/11 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 7Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

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

Report Format: TP

Lump Sum ~~H.B.H.~~ (\$ 13200