

ASS. REC. BY:

REF: MSG/21010009/KV f3

Kenneth

## 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: SML 8416P

Policy No. 1001750220

Claims No. 263144

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: \$110K

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SKX 2020Y Yr Regn: 10, 20

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

Truck / Trailer or

Make:

Toy A/Provs c.c. 1788

Colour

M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading

6377

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTD8P3EU80J060650

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F: 205/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

24/9/21

D.O.I.

4/10/2021

Survey held at

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

Frt O/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

1 GIA &amp; EH not ready

61 Rp @ 3850

2/12/21 Kenneth confirmed LS \$3850 (Red 2403.50, 38%)

to/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

to/Time, File Return to?

2/12/21-typist

Report Format: Merimen

Lum Sum / I.B.I: (\$ LS \$3850

Days Of Repair: 3

Resurvey No. of Trip: 2

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

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL