| ASS. REC. BY: (C) REF: CS CT 2101 | 13014 Rt 1 3 Rny3 621K |
|---|--|
| ASSIGNMENT | |
| From: Date: Estimated Cost: OD / TP / WS / TP RES / OD RES / EVA / INV / MV | Veh No: SLQ9763R Yr Regn: 2017 July Type: M.Car/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: To York Prime Hyrro 1-8 c/7 c.c 1798 Colour WHITE A/C: Insured / Std / NI / NA Sp.Reading 427638 T/Radio: Insured / Std / NI / NA Eng/No: C/No: JTD KB 3FUX 03562369 Gen. Cond: Good / Fair/ Poor / Burnt Steering: Inorder Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or |
| Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: GIA / PR Seen: Est. Repairs: 5 days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: | Modi: Nil / E/Rim / STD A/Rim or Tyre Size: F: 85 LOR R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FRENZA Front R/Bal. mm R/Bal. mm L/Bal. mm L/Bal. mm D.O.A. 11 2 2 2 2 2 Survey held at LCR Des. of Damages: Frt Rear O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. |
| Date / Time Action / Instruction PROPORT LIN (1 - 33K 02/11/22 We will be advising our principal action) | |
| Date/Time, File Pass to? : Prell. Report 1) 02/11/22 : Final Report | Days Of Repair: 5 Resurvey No. of Trip: 1 Survey Fee: |
| Date/Time, File Return to? 2) Add Fe Report Format: | Transportation: |
| Lump Sum / I.B.I: (\$ 2750 | :Weekend (\$ |