ASS. REC. BY: Kenneth

REF: C12/220049711HK Kny3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Com Rel

of 390/C

Insured: _____

Policy No. DMCVSNW00118282104

Claims No. SNM22D202724/C02

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
X	

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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: 10/27 Person Contacted: _____ Vehicle: IN / OUT

Veh No: YM 7943T Yr Regn: 11, 07

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Mit 1=E83 c.c 2977

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

Sp.Reading 341480 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 1=E83BCA-10022

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: OTani 700R16X10

R: — — (D)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____ Profare

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 9 mm
L/Bal.	9 mm	L/Bal.	9 9 mm Yoko
D.O.A.	20/4/22	D.O.I.	30/5/2022

Survey held at _____

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

Rear LH door

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

Date / Time	Action / Instruction
	Kenneth informed lump sum: $ 3200 and 3 days
	(red, 886, 22%)

Date/Time, File Pass to?

1) 05/12/22

☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: ___ $ - RS. ___ SI

Parking: _____

Others: _____

TOTAL: _____

Report Format :

Lump Sum / I.B.I: ($ 3200)