

ASS. REC. BY:

REF:

LPC / 220050561K4

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop n/s S&H

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: 300k

(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: 855k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 08 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS 09/29

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: STV 43444 Yr Regn: 01, 10

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

Make: Toy Vios c.c. 1497

Colour: M. Gold A/C: Insured / Std / NI / NA

Sp. Reading: 431995 T/Radio: Insured / Std / NI / NA

Eng/No: _____ C/No: NR053HY9305137293

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/55R15 R: _____

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

Front	Rear
R/Bal. <u>9</u> mm	R/Bal. <u>9</u> mm
L/Bal. <u>9</u> mm	L/Bal. <u>9</u> mm
D.O.A. <u>25/5/22</u>	D.O.I. <u>30/5/2022</u>

Survey held at _____ Des. of Damages: Fr / Rear / O/S / N/S / UIC / Rooftop or

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

Date / Time	Action / Instruction
<u>17 May @ 6:00</u>	<u>Car</u> (Red, \$ 3711.35, 36%)

Date/Time, File Pass to? : Prell. Report : Final Report

Days Of Repair: 8 Resurvey No. of Trip: 2

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

Survey Fee:
Transportation:
S - RS. \$
Fees
Others
TOTAL

Report Format : 00 Lump Sum I.B.I: (\$ 6700)