

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop m/s Arbun

of _____

Insured: 04-18 13914

Policy No. _____

Claims No. _____

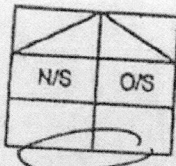
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: \$4500

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 05 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS 11/22

Date: _____ Person Contacted: _____ Vehicle: IN / OUT 9177 2142

Veh No: STA 2384 E Yr Regn: 11, 07

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

Make: Toy Vios c.c. 1497

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

Sp. Reading: 281879 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NR053449305015505

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: Arivo

R: Falken 195/55R15

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

Front: _____ Rear: _____

R/Bal. 4 mm R/Bal. 6 mm

L/Bal. 4 mm L/Bal. 6 mm

D.O.A. 4/7/12 D.O.I. 8/7/202

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____

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

Date / Time	Action / Instruction
<u>22/8/22</u>	<u>In charge not in, no documents given. LTA value \$1942.00</u>
	<u>Kenneth said submit LS \$2400; 5 days (Red. 10, 731.20, 82%)</u>

no, File Pass to? : Prell. Report : Final Report

Days Of Repair: 5

Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
\$ + RS	
Others	

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Format : _____
um / L.B.I: (\$)

