ASS. REC. BY: Kenneth

REF: SMR/ 22006965/Kc

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Yee

of

Insured:

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3-4 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: SDX 8112 J Yr Regn: 10.15

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

Make: NIS Qashqai c.c 1997

Colour M.P. White A/C: Insured / Std / NI / NA

Sp.Reading 145997 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: SJNFBAJ11 U1455500

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/45ZR19

R:

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

Front		Rear	
R/Bal.	2 mm	R/Bal.	2 mm
L/Bal.	2 mm	L/Bal.	2 mm
D.O.A.	20/7/22	D.O.I.	22/7/2022

Survey held at

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

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

Date / Time	Action / Instruction
30/1	Kenneth finalised LS $2500/-; 4 days with repairer. (Red 13, 241, 84, 842.)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prell. Report

☑ : Final Report

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ Tech Invs ($)

☐ Weekend ($)

Survey Fee:

Transportation: $ + RS. SI

Fuel

Others

TOTAL

Report Format : TP

Lump Sum / I.B.I: ($ $2500/-)