ASS. REC. BY: Kenneth

REF: A1S/22007038/KC

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

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

To Inspect Vehicle No: ______

at Workshop m/s: City Auto

of ______

Insured: ______

Policy No. ______

Claims No. ______

Sum Insured: ______ Excess: 600

(Client's Record)

Make of Veh: ______

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: $64K

IDAC Accident Rport: ______ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: I.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

Veh No: SFA 7731B Yr Regn: 07, 17

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

Make: Seat Alhambra c.c 1968

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

Sp.Reading: 73026 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: VSS ZZZ7 NZHV 720227

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: 225/45R18

R: ______

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	6 mm
L/Bal.	7 mm	L/Bal.	6 mm
D.O.A.	21/7/22	D.O.I.	27/7/2022

Survey held at ______

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

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

Date / Time	Action / Instruction
25/11	Kenneth confirmed LS $2550/-; 4 days with Vronica. (Ref. 2116, 70, 45%)

Date/Time, File Pass to?

1) ______

Date/Time, File Return to?

2) ______

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: ______

Add Fee: ☐ : Site Insp ($ ______)

☐ : Interview ($ ______)

☐ Tech Invs ($ ______)

☐ Weekend ($ ______)

Survey Fee:

Transportation:

__S + RS.__SI

Photos

Others

TOTAL

Report Format: OD

Lump Sum / I.B.I: ($ $2550/-)