ASS. REC. BY:

Kenneth

ASSIGNMENT

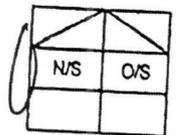|	
From:	Date:
Estimated Cost:	

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

To Inspect Vehicle No: _____

at Workshop m/s _____ LHMK

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: **03** days   Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Veh No: **SKJ6013R**   Yr Regn: **04, 13**

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

Make: **Jaguar XF**   c.c **2179**

Colour: **M. Beig**   A/C: Insured / Std / NI / NA

Sp.Reading **221883**   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **SAJAC0566D0S83882**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____ **245/45ZR18**

R: _____

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

Front		Rear	
R/Bal.	**7** mm	R/Bal.	**7** mm
L/Bal.	**7** mm	L/Bal.	**7** mm
D.O.A. **5 / 8 / 22**		D.O.I. **25 / 8 / 2022**	

Survey held at _____

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

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

Date / Time	Action / Instruction
20/9	Kenneth confirmed LS $.5950 ; 5 days with Jenny. (Red 2514.51, 302.)

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

1) _____ ☑ : Final Report

Date/Time, File Return to?

2) _____

Report Format : **TP**

Lump Sum / I.B.I: (S **5950**

Days Of Repair: **5**

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. ___ SI

Fixtrs

Others

TOTAL _____