



ASS. REC. BY:

REF:

AGI 22009910/KC

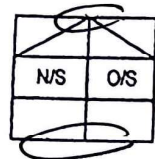
Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Cran Motoc
 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.



Bal. or Market Value: 883k
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 10 7-10 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: Smk 992A Yr Regn: 03.19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or Wagon
 Make: Honda Shuttle c.c. 1496
 Colour: M.P. White A/C: Insured / Std / Nil / NA
 Sp.Reading: 132778 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: Crk8 - 2001484
 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: _____ R: 195/55R15

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

Front Rear
 R/Bal. 8 mm R/Bal. 8 mm
 L/Bal. 8 mm L/Bal. 8 mm
 D.O.A. 5/10/22 D.O.I. 7/10/2022

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or 8/14

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

Date / Time	Action / Instruction
25/10/22	Kenneth confirmed lump sum: \$13500 and 10 days (red. 9865.36, 42%)

Date/Time, File Pass to?

☐: Prell. Report

1) 26/10/22

☐: Final Report

Date/Time, File Return to?

Days Of Repair: 10

Resurvey No. of Trlp: 2

Survey Fee:

Add Fee: ☐: Site Insp (\$

☐: Interview (\$

☐: Tech Invs (\$

☐: Weekend (\$

Transportation

) S + RS. SI

) Fines

) Others

Report Format:

Lump Sum / I.B.I: (\$ 13500)

TOTAL