

(08/11/23) Wof

ASS. REC. BY: P. M. M.

REF:

CS/CT122012183/Rp³

199F

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: SLX 8036at Workshop n/s PERFORMANCEof 303, ALKAMARA RDInsured: CTI

Policy No. _____

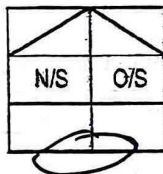
Claims No. _____

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: 208K

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or NoLum Sum: I.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

REPAIR Lmt - 20K

11/04/2023 Finalise P/P \$4,305.05 @ 03 DAYS (Red \$505.05/12%)

Date/Time, File Pass to?

☐

: Preli. Report

1) typist

☒

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Report Format : TP

Lump Sum / I.B.I: (\$) P/P \$4,305.05)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) S + RS. \$

) Photos

) Others

TOTAL