

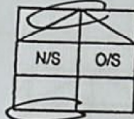
ASS. REC. BY: Kenneth REF: INC/ 22008475/Kvy3-1

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s Celebrity
of _____
Insured: SKL 8329G
Policy No. _____
Claims No. MT/1186122-002
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: 845k
IDAC Accident Rpt: _____ Consistent?: Yes or No
GIA / PR Seen: _____ Consistent?: Yes or No
Est. Repairs: 06 days Res.: Yes or No
Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time	Action / Instruction
<u>1</u>	<u>PRS</u>
<u>1/9/22</u>	<u>Submit PRS</u>
<u>20/12/22</u>	<u>Submit final fig \$14,541.48 (Red 12,362.97, 45%)</u>

to/Time, File Pass to?

☐ : Prell. Report
☐ : Final Report

to/Time, File Return to?

20/12/22-typist

ort Format :

p Sum / I.B.I: (\$

Days Of Repair: 8

Resurvey No. of Trlp: _____

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

Survey Fee:

Transportation:

\$ + RS. SI

Fuel

Others

TOTAL