

ASS. REC. BY:

REF:

PC2/ 230001711Kv y3m4

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SBS 6523U

Policy No. \_\_\_\_\_

Claims No. D23000084MFBP

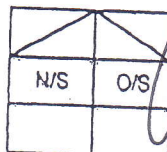
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

100mm

(Policy Condition)

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

Bal. or Market Value: @5500/-

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 07 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 05/23 Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SKN 35884 Yr Regn: 05, 08

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Axio X c.c. 1498

Colour: M Silver A/C: Insured / Std / NI / NA

Sp. Reading: 27315 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: N8E141 0071083

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: Mic 185/60 R14

R: CST

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

Front

R/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 30/12/22

Survey held at

Rear

R/Bal. 2 mm

L/Bal. 2 mm

D.O.I. 11/1/2023

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

ols body

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

Date / Time Action / Instruction

9/1 Can't find vehicle in wesp. C/A where @1273.00

19/1 L/Ly @34506 (un-confirmed)

Date/Time, File Pass to?



Prell. Report

Days Of Repair: 7

Resurvey No. of Trlp: \_\_\_\_\_

1)



Final Report

Date/Time, File Return to?

2) 21/3/23-typist

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

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

(6 X 15)

170 + 90

50

15

325

Report Format :

Lump Sum / I.B.I. (\$