ASS. REC. BY: Kenneth | REF: AGI/ 23000192/kny3 | C

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

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

To Inspect Vehicle No: ______

at Workshop m/s Thian HH

of 179B

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: 01/23 Person Contacted: ______ Vehicle: IN / OUT

Veh No: SJU 9591Y Yr Regn: 01, 10

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

Make: Honda Civic (A) c.c 1339

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 173311 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: JHMFD36209S206284

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or ______

Brake: Inorder / Jammed / Leaked / Burnt or ______

Modi: Nil / S/Rim / STD A/Rim or ______

Tyre Size: F: 205/55R16

R: ______

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	3/1/23	D.O.I.	6/1/2023

Survey held at ______

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

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

Date / Time	Action / Instruction
/	Em not ready
13/3	ClLy @ 1500 Cenfm (red, $7717, 84%)

/Time, File Pass to? 20/03/23

[ ] : Prell. Report

[ ] : Final Report

/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee: [ ] : Site Insp ($ ______) __$ + RS.__S!

[ ] : Interview ($ ______). Fines

[ ] Tech Invs ($ ______). Others

[ ] Weekend ($ ______)

TOTAL

rt Format : tp

Sum / I.B.I: ($ 1500)