

ASS. REC. BY: *FOZ*

REF: *ASM/23006214/Kmp3*

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TP RES / OD RES / EVA / INV / MY
 To Inspect Vehicle No: _____
 at Workshop m/s *RC*
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: *SK81722B* Yr Regn: _____
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or *MPV*
 Make: *Toy Wish* c.c. *1797*
 Colour: *M. Brown* A/C: Insured / Std / NI / NA
 Sp. Reading: *150124* T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: *EGE20 6026260*
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / SIRIm / STD AIRIm or
 Tyre Size: F: *195/55R15*
 R: _____

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

Bal. or Market Value: *8*
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: *04* days Res.: Yes or No
 Lum Sum: *20* % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or *Newton*
 Front
 R/Bal. *7* mm R/Bal. *3* mm
 L/Bal. *7* mm L/Bal. *3* mm
 D.O.A. *1/12* D.O.I. *6/1/2023*
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S 1st
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<i>1</i>	<i>GIA & SM not ready</i>
	<i>Kenneth confirmed lump sum: \$1700 and 4 days (red, \$582.96, 25%)</i>

no, File Pass to? : Prell. Report
 : Final Report
 01/02/23
 no, File Return to?

Days Of Repair: *4*
 Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
Fuel:	
Others:	
TOTAL:	

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

Format: *tp*
 Sum / I.B.I: (\$) *1700*