

ASS. REC. BY:

REF:

14SB / 23001562/Kg p3m4

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

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.

Bal. or Market Value: 853/c

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 05 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: ck

Vehicle: IN / OUT

84490911Veh No: SLG 351EYr Regn: 06, 17Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: KiaCeato K3 c.c. 1591Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 85825

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAFX 411MJ5724978Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: _____

205/55R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 10/2/23D.O.I. 23/2/2023

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or015TH

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

3/3 21Ry @ 2650k Carat Cred \$ 2696.79, 50%.

Date/Time, File Pass to?

☐

Prell. Report

1) 16/3 16/3 16/3

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5Resurvey No. of Trip: 1

Survey Fee:

Transportation

S - RS. SI

Fees

Others

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech Invs (\$)

☐

Weekend (\$)

135

50

50

17

80

332

Report Format: Smart GTPLump Sum / I.B.I. (\$) 2650