

ASS. REC. BY:

REF:

A15 / 23001893/Kw

C

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: _____

Policy No. _____

Claims No. _____

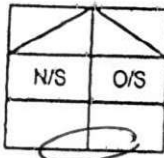
Sum Insured: _____

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: 8791c

IDAC Accident Rpt: _____

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

Veh No: SLV 22434Yr Regn: 12, 17Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toy C14Rc.c. 1797Colour: M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 667879

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 7YX10 2087408Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: NI / S/Rim / STD A/Rim orTyre Size: F: Arvo 215/60R16R: ArvoBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. 3 mmR/Bal. 7 mmL/Bal. 3 mmL/Bal. 7 mmD.O.A. 9/12/23D.O.I. 29/2/2023

Survey held at _____

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

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

Date / Time

Action / Instruction

GIA & EN not ready

16/3 URM @ 1750h. Curb @ 04 days (Red \$1,769.30/50%)

Date/Time, File Pass to?

16/03/2023

1) typist

Date/Time, File Return to?



Prell. Report



Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee:

Transportation

S - RS. \$

Fees

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

Report Format: TP

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

L/S \$1,750.00