ASS. REC. BY: Kenneth | REF: AIS / 2300373O/Kw | C

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Tony Lode

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.

N/S	O/S

Bal. or Market Value: $ 133/c

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1-B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLC 9194C Yr Regn: 06 / 21

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

Make: MG c.c 1490

Colour M.P.White A/C: Insured / Std / NI / NA

Sp.Reading 37969 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LSJA24490MN024708

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: _____

R: 235/50R18

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	21/3/23	D.O.I.	12/4/2023

Survey held at _____

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

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

Date / Time	Action / Instruction
16/5	@ 2888.80 Contd @ as days (Red $1,796.31/39%)

Date/Time, File Pass to? 1) Typist

Date/Time, File Return to? 2) _____

☐ : Prell. Report

☑ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation $ - RS. SI

Parking

Others

TOTAL

Report Format : TP

Lump Sum / I.B.I: ($ P/P $2,868.80