



ASS. REC. BY: Kenneth REF: 61P / 23003265 / kap3-1

ASSIGNMENT

<p>From: _____ Date: _____</p> <p>Estimated Cost: _____</p> <p><u>OD</u> / TP / WS / TP RES / OD RES / EVA / INV / MV</p> <p>To Inspect Vehicle No: _____</p> <p>at Workshop m/s: <u>Celebrity</u></p> <p>of: <u>817J</u></p> <p>Insured: _____</p> <p>Policy No. _____</p> <p>Claims No. _____</p> <p>Sum Insured: _____ Excess: _____</p> <p>(Client's Record)</p> <p>Make of Veh: _____</p> <p>(Policy Condition)</p> <p>Remark: The veh had commenced its repair at the time of inspection.</p> <p>Bal. or Market Value: <u>\$80k</u></p> <p>IDAC Accident Report: _____ Consistent?: Yes or No</p> <p>GIA / PR Seen: _____ Consistent?: Yes or No</p> <p>Est. Repairs: <u>3</u> days Res.: Yes or No</p> <p>Lum Sum: <u>20</u> % 3 Val.: Yes or No</p> <p>CA / REV / REP. / 24 HRS</p> <p>Date: _____ Person Contacted: _____ Vehicle: IN / OUT</p>	<p>Veh No: <u>SNR 957R</u> Yr Regn: <u>12, 19</u></p> <p>Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /</p> <p>Truck / Trailer or _____</p> <p>Make: <u>Honda</u> <u>AT</u> c.g. <u>1317</u></p> <p>Colour: <u>M.D. Blue</u> A/C: Insured / Std / Nil / NA</p> <p>Sp. Reading: <u>4798</u> T/Radio: Insured / Std / Nil / NA</p> <p>Eng/No: _____</p> <p>C/No: <u>GK3</u> <u>3422559</u></p> <p>Gen. Cond: <u>Good</u> / Fair / Poor / Burnt</p> <p>Steering: In order / Jammed / Leaked / Burnt or</p> <p>Brake: In order / Jammed / Leaked / Burnt or</p> <p>Mod: Nil / S/Rim / STD A/Rim or</p> <p>Tyre Size: F: <u>Giti</u> <u>185/60R15</u></p> <p>R: <u>Palken</u></p> <p>BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /</p> <p>TOYO / YOKO or</p> <table border="0"><tr><td>Front</td><td>Rear</td></tr><tr><td>R/Bal. <u>9</u> mm</td><td>R/Bal. <u>7</u> mm</td></tr><tr><td>L/Bal. <u>9</u> mm</td><td>L/Bal. <u>7</u> mm</td></tr><tr><td>D.O.A. <u>20/3/23</u></td><td>D.O.I. <u>29/3/2023</u></td></tr></table> <p>Survey held at _____</p> <p>Des. of Damages: Fnt / <u>Rear</u> / O/S / N/S / UIC / Rooftop or</p> <p>The UIC / Chassis frame / Body Structure affected due to collision.</p>	Front	Rear	R/Bal. <u>9</u> mm	R/Bal. <u>7</u> mm	L/Bal. <u>9</u> mm	L/Bal. <u>7</u> mm	D.O.A. <u>20/3/23</u>	D.O.I. <u>29/3/2023</u>
Front	Rear								
R/Bal. <u>9</u> mm	R/Bal. <u>7</u> mm								
L/Bal. <u>9</u> mm	L/Bal. <u>7</u> mm								
D.O.A. <u>20/3/23</u>	D.O.I. <u>29/3/2023</u>								

Date / Time	Action / Instruction
<u>1</u>	<u>PRS</u>
<u>30/05/23</u>	<u>Submit LS \$3300, 3 days. (Red \$2200, 41%)</u>

Date/Time, File Pass to? ☐ : Prell. Report

30/05 Typist ☐ : Final Report

Date/Time, File Return to? _____

Report Format: TP

Lump Sum H.D.I. \$ 3300

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S - RS: \$ _____

Fix: _____

Others: _____

TOTAL: _____

TOTAL: _____

Date: _____