

ASS. REC. BY:

REF: SPI-1

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s JD

of 582k

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: 28k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

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

Lum Sum: 20 % 3 Val.: Yes or No

A / REV / REP. / 24 HRS

08/28 Vehicle: IN / OUT

Person Contacted: _____

Veh No: PC 97794 Yr Regn: 08, 13

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or A)

Make: Mv Viano CD: 2143

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 484982 T/Radio: Insured / Std / NI / NA

Eng/No: WDF 8398152-3819832

C/No: _____

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/R/In / STD A/R/In or

Tyre Size: F: 235/55 R17

R: _____

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

TOYO / YOKO or Kapsen

Front R/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 3/18/24

Survey held at

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

O/S Sliding door

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

Date / Time Action / Instruction

PRS

Est repair cost 21-2k

No Pass to? : Prell. Report

: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Add Fee: : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Transportation

S - RS. \$

Fixt

Others

TOTAL