ASS. REC. BY: Kenneth

REF: MSG /

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

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

To Inspect Vehicle No: ______

at Workshop m/s JWG

of 194N

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: $ 286k

IDAC Accident Rport: ______ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

Veh No: SNL 8225L Yr Regn: 08, 23

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

Make: Toy Alphard c.c 2493

Colour M/Black A/C: Insured / Std / Nil / NA

Sp.Reading 44057 T/Radio: Insured / Std / Nil / NA

Eng/No: ______

C/No: AGH30 · 0466996

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: 235/50R18

R: ______

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

Front			Rear		
R/Bal.	3	mm	R/Bal.	6	mm
L/Bal.	3	mm	L/Bal.	6	mm

D.O.A. 29/9/24 D.O.I. 8/10/2024

Survey held at ______

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

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

Date / Time	Action / Instruction
/	PRS
	En mpcr con $5-6k

Date/Time, File Pass to? ______

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to? ______

Report Format :

Lump Sum / I.B.I: ($ ______)

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: ☐ : Site Insp ($ ______)

☐ : Interview ($ ______)

☐ Tech Invs ($ ______)

☐ Weekend ($ ______)

Survey Fee:

Transportation

__S - RS.__S

Fixtures

Others

TOTAL