

ASS. REC. BY: Steve

REF: ECICS

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

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.

| | |
|-----|-----|
| | X |
| N/S | O/S |
| | |

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

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

Veh No: SHD 3070L Yr Regn: 31/05/2022

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

Truck / Trailer or _____

Make: BYD E6 c.c 70 kw

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

Sp.Reading 212265 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LC0CE4DC2N0011542 *

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: 215/55R17

R: "

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

TOYO / YOKO or DURATURN

Front 6 mm Rear 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 22/10/24 D.O.I. 25/10/24

Survey held at Comfortdelgro

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

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

| Date / Time | Action / Instruction |
|-------------|----------------------|
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| | |

Date/Time, File Pass to? : Preli. Report
 : Final Report

1) Date/Time, File Return to?

2) _____

Rep. Format : _____

Lump Sum / L.B.J. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

| | |
|-----------------|----------|
| Survey Fee: | _____ |
| Transportation: | _____ |
| S + RS | _____ SI |
| Photos | _____ |
| Others | _____ |
| TOTAL | _____ |