

ASS. REC. BY:

REF: LIP 1Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Wah Yu

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: \$19K

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNR 2582 M Yr Regn: 01, 16

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

Truck / Trailer or _____

Make: Honda Verel c.c. 1496Colour: M.P. White A/C: Insured / Std / NI / NASp. Reading: 128029 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RUI 1108292

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / A/Bim or

Tyre Size: F: 215/55 ER17

R: _____

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

TOYO / YOKO or Fortune

Front _____ Rear _____

R/Bal. P mm R/Bal. P mmL/Bal. P mm L/Bal. P mmD.O.A. 15/9/24 D.O.I. 30/10/2024

Survey held at _____

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1) Date/Time, File Return to?

☐ : Final Report

2) _____

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

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

Report Format :

Lump Sum / I.B.I. (\$) _____

TOTAL