

ASS. REC. BY: Kenneth REF: LIP 1

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s: THH
of 444H
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.

Bal. or Market Value: 840k

IDAC Accident Report: _____ Consistent? : Yes or No

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

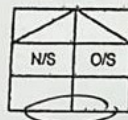
Est. Repairs: 08 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 07/12/23 Person Contacted: _____

Vehicle: IN / OUT



Veh No: XD 9357G Yr Regn: 08, 19
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Isuzu FX27M c.c. 9839
Colour: Gold AC: Insured / Std / NI / NA
Sp. Reading: 485912 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JALFX 777ME 7000099
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: Nil / S/Rlm / STD A/Rlm or
Tyre Size: F. 160
R. 160
295/80R22.5 (D)
BS / DUN / EXNOVA / GY / FS / LIZA / MICTOHTSU / PIR / SUMI / (D)
TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 28/10/24

Survey held at

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

Rear

R/Bal. 33 77 mm

L/Bal. 33 77 mm

D.O.I. 1/11/2024

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

Date / Time Action / Instruction

1 EH not ready

o/Time, File Pass to?

☐ : Prel. Report

☐ : Final Report

Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation

S - RS. SI

Fix. As

Others

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech Invs (\$)

☐ : Weekend (\$)

t Format :

Sum / L.B.I: (\$)

TOTAL