

ASS. REC. BY:

REF: 077/

Kenneth

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. _____

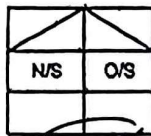
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 5-6 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 10/29 Person Contacted: _____ Vehicle: IN / OUTVeh No: SLL 1096L Yr Regn: 01, 10

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

Truck / Trailer or MPVMake: Toy Wish C.O. 1987Colour: M. Gray A/C: Insured / Std / Nil / NASp. Reading: 234011 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JT06J20W605081913

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / Std / STD A/Rim or

Tyre Size: F: _____

R: 215/50R17

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

TOYO / YOKO or _____

Front: _____ Rear: _____

R/Bal. 5 mm R/Bal. 4 mmL/Bal. 5 mm L/Bal. 4 mmD.O.A. 21/6/24 D.O.I. 24/6/2024

Survey held at _____

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

1)

Date/Time, File Return to?

☐ : Final Report

Transportation:

Add Fee: ☐ : Site Insp (\$ _____)

S + RS. \$ _____

☐ : Interview (\$ _____)

Fees

☐ : Tech Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

TOTAL

Report Format:

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