ASS. REC. BY: Kenneth | REF: CT21

ASSIGNMENT

From: | Date:

Estimated Cost:

OD / TP LWS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s Wei Car

of 1017 242

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: 8

IDAC Accident Rport: 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: Person Contacted: Vehicle: IN / OUT

Veh No: SNP 5090T Yr Regn: 1

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

Make: Toy Noah c.c 1797

Colour M. Silv A/C: Insured / Std / Nil / NA

Sp.Reading 138362 T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: ZWR80 - 0393028

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R:

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	1/24	D.O.I.	26/12/202

Survey held at

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

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

Date / Time	Action / Instruction
/	PRS, no documents given.
	En repair cost 89-11k

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: $ + RS SI

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($) Parking

☐ Tech Invs ($) Others

Report Format :