

ASS. REC. BY: Kenneth

REF: CT21

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s _____

of Wei Car

Insured: 1017 242

Policy No. _____

Claims No. _____

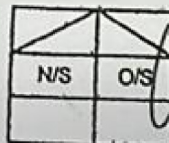
Sum Insured: _____

(Client's Record) Excess: _____

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 8

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: _____ 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. Silver AC: Insured / Std / NI / NA

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

Eng/No: _____

C/No: ZWR80 0393028

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/85R15

R: _____

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

TOYO / YOKO or Road bowl

Front 9 mm Rear 9 mm

R/Bal. 9 mm L/Bal. 9 mm

D.O.A. 1/124 D.O.I. 26/12/202

Survey held at _____

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

o/s body

The UIC / Chassis/frame / Body Structure affected due to collision.

Date / Time _____ Action / Instruction

1 PRS, no documents given.

EN repair cost 89-11/c

Date/Time, File Pass to?

☐ : Prell. Report

☐ : Final Report

1) _____
Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee: _____

Transportation _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech Invs (\$ _____)

☐ : S + RS \$ _____

☐ : P. & J. _____

☐ : Other _____

Report Format :