

ASS. REC. BY:

REF:

HSB/23006969/1cp

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:

850k

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

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:

SUT128T

Yr Regn:

11.16

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

Truck / Trailer or

Make:

Toy Pienta

c.c

1496

Colour

M. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

554801

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

NSP170

7052802

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

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

YOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

2

mm

L/Bal.

3

mm

L/Bal.

2

mm

D.O.A.

6/7/23

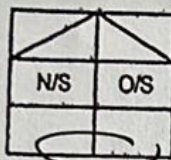
D.O.I.

10/7/2023

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

1 GIA & EN not ready, Tailgate jammed

/Time, File Pass to?



: Prell. Report



: Final Report

/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

S + RS. \$

: Findings

: Others

ort Format :

o Sum / I.B.I: (\$