ASS. REC. BY: Kenneth

REF: MSG/

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 2720

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: $95K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SBK 9765K Yr Regn: 05, 18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (4)

Make: Mc C180 c.c 1595

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 34188 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2050402R 381962

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 225/50R17

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	1/7/24	D.O.I.	4/7/2024

Survey held at _____

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

MS FM

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

Date / Time	Action / Instruction
/	En not ready

to/Time, File Pass to? _____

: Prell. Report

: Final Report

o/Time, File Return to? _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Add Fee: : Site Insp ($ _____)

: Interview ($ _____) Parking

Tech Invs ($ _____) Others

Weekend ($ _____)

TOTAL

ort Format : _____

p Sum / I.B.I: ($ _____)