

ASS. REC. BY:

REF:

A61

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2-3

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

PML 3614 S

Yr Regn:

101 16

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

Truck / Trailer or

Make:

Honda

A1 HIRY C.C. 1496

Colour

M. Brown

A/C:

Insured / Std / NI / NA

Sp. Reading

391030

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

J11MR41810GX200289

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R16

R:

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

TOYO / YOKO or

Cear

Front

R/Bal.

mm

Rear

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

14/8/24

D.O.I.

11/7/2024

Survey held at

Des. of Damages: ☒ Front / ☐ Rear / ☐ O/S / ☐ N/S / ☐ UIC / Rooftop or

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

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

Transportation:

S - RS - SI

☐

: Interview (\$

), F.P.A.S

☐

: Tech Invs (\$

), Others

☐

: Weekend (\$

TOTAL

Report Format :

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