ASS. REC. BY: Kenneth

REF: 1501

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s TSR

of 762N

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: $36K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 08/28 Person Contacted: Vehicle: IN / OUT

Veh No: WC 6336D Yr Regn: 08 13

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Concrete Mixer

Make: Isuzu CYH525 c.c 15681

Colour Multi Colour A/C: Insured / Std / NI / NA

Sp.Reading 401937 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JALCYH525D7 660323

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:

R: 295/80R22.5 (D)

BS / DUN / EXNOVA / GY / FS / LIZA / ~~MIC / OHTSU / PIR / SUMI~~ / (D)

TOYO / YOKO or KPATOS

Front		Rear	
R/Bal.	9 9 mm	R/Bal.	88 55 mm
L/Bal.	9 9 mm	L/Bal.	88 55 mm
D.O.A.	3/8/24	D.O.I.	8/8/2024

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
/	

Date/Time, File Pass to? ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)
☐ : Interview ($)
☐ Tech Invs ($)
☐ Weekend ($)

Survey Fee:

Transportation: $ + RS. $

Fees

Others

TOTAL

ort Format :

p Sum / I.B.I: ($