REF: U/P/

ASS. REC. BY:

Kenneth

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s RC

of 436A

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: $110k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

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

Lum Sum: I.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SNE 715D Yr Regn: 02, 22

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

Make: Toy Vios Ai c.c 1496

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

Sp.Reading: 25268 T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: MR2B23F3001242893

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: 185/60R15

R: —

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	9 mm
L/Bal.	6 mm	L/Bal.	9 mm
D.O.A.	6/8/24	D.O.I.	14/8/2024

Survey held at

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

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

Date / Time	Action / Instruction
/	Est not ready

...ate/Time, File Pass to? : Prell. Report

: Final Report

...te/Time, File Return to?

...ort Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($)

: Interview ($)

Tech Invs ($)

Weekend ($)

Survey Fee:

Transportation

__S + RS.__SI

Parking

Others

TOTAL