

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 At Lim

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 02 days

Res.: Yes or No

Lum Sum: _____ %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SGA 418X

Yr Regn: 11, 05

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

Truck / Trailer or

Make: Honda Accord

c.c

1998

Colour: M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading: 206002

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: NRHCM46405P200154

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: _____

225/45R17

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal. 6 mm

mm

R/Bal. 6 mm

mm

L/Bal. 6 mm

mm

L/Bal. 6 mm

mm

D.O.A. 14/9/14

D.O.I. 19/9/14

Survey held at ✓

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

015 Rear body

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

Date / Time

Action / Instruction

8 6501

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

Report Format: _____

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

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)