ASS. REC. BY: Kenneth

REF: A4/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Chery Hoe

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: _____

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SDL 8138Z Yr Regn: 04/10

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

Make: Mit Lancer c.c 1584

Colour 248071 A/C: Insured / Std / NI / NA

Sp.Reading M. Silver T/Radio: Insured / Std / NI / NA

Eng/No: N

C/No: JMYSTC 53A4U 000283

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 185/65R15

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	20/11/17	D.O.I.	28/12/17

Survey held at _____

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

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

Date / Time	Action / Instruction
7/1	File pass to Catherine

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation: ___S + RS___SI	
Photos	
Others	
TOTAL	