

(08/11/13) wef

REF:

ASS. REC. BY: Marcus

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SGK 410Xat Workshop m/s Koh Motor 3pmof don

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: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date / Time Action / Instruction 274 59950Veh No: SGK 410X Yr Regn: 3 / 15Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or (A)Make: Honda civic c.c. 15.98Colour: Grey Insured / Std / NI / NASp. Reading: 34777 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRHFB1630F7000086Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: 205/55-16

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 14/1/18 D.O.I. 25/1/18

Survey held at _____

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

Rear

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

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

Date/Time, File Return to?

Transportation: _____

2)

Add Fee: ☐ : Site Insp (\$ _____) S + RS, SI☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others☐ : Weekend (\$ _____)

TOTAL

Report Format : _____

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