

ASS. REC. BY:

REF: AIGKenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

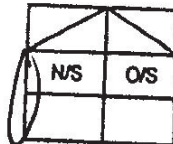
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

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

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

6/2 File pass to CathrynVeh No: EG 8383 XYr Regn: 014, 11Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: JespaXJLc.c. 2883Colour M. Black

A/C: Insured / Std / NI / NA

Sp. Reading 128414

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: SAJAC2223832V446Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 245/45R18

R: _____

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

Front

Rear

R/Bal. 4 mmR/Bal. 7 mmL/Bal. 4 mmL/Bal. 7 mmD.O.A. 28/1/18D.O.I. 5/2/18

Survey held at _____

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

N/S Rec body
The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee

Transportation

S - RS. \$

Photos

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

TOTAL