

ASS. REC. BY:

REF:

TP / CS/TP18001977/Kqbz

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. _____

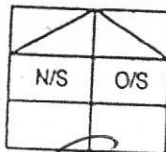
Sum Insured: _____

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: _____

02 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

SHD 97466 Yr Regn: 12, 13

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

Truck / Trailer or _____

Make: _____

PENGUIT Latitude C.C. 1995

Colour _____

M. White / Red

A/C: Insured / Std / NI / NA

Sp. Reading _____

410207

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

VI-1ABL15AUC 270157

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: M / S/Rim / STD A/Rim or

Tyre Size: _____

F: Giti 215/60R16

R: Falken

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

TOYO / YOKO or _____

Front

Rear

R/Bal. _____

mm

R/Bal. _____

mm

L/Bal. _____

mm

L/Bal. _____

mm

D.O.A. _____

27/1/18

D.O.I. _____

31/1/18

Survey held at _____

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

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

Date / Time

Action / Instruction

1/2

File passed to Catherine

61 Rm @ 24501 (Red @ 34248.72 93%)

no survey photo

SHD 97466 - OC3/AXA17018124/Khb3g2

1/2/2018
O/A: 15092017

Date/Time, File Pass to?

☐

: Prell. Report

11/07/2 11/07/2

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

2

Resurvey No. of Trip: _____

Add Fee: _____

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee: _____

Transportation: _____

S + RS. \$

Photos

Others

TOTAL

26X15= 390

170 + 390

50

9

80

609

Report Format: _____

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

78

2450