

ASS. REC. BY:

REF: 1761Kenneth

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. _____

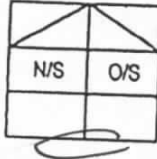
Sum Insured: _____

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 Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

05 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

18'20

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SCB 8798KYr Regn: 12:05

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

Truck / Traller or _____

Make: Toy Wishc.c. 1784Colour: M. Silver

A/C: _____

Insured / Std / NI / NA

Sp. Reading 160808

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: ENE10.007342PGen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / SRM / STD A/Rim orTyre Size: F: M&H's 205/55R16

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 9 mmR/Bal. 8 mmL/Bal. 9 mmL/Bal. 8 mmD.O.A. 7/5/18D.O.I. 14/5/18

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

15/5 File pass to Catherine

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee: _____

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

Report Format :

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