

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

111
ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: SL7 28364at Workshop m/s pegasus lake

of _____

Insured: SH76915

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: e Consistent?: Yes or No

Est. Repairs: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

7200G

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SL7 28364 Yr Regn: 1017Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Honda / Hybrid / 1496Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 88403 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU31252244

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Brim / STD A/Rim or

Tyre Size: F: _____

R: 215/60R16BS / BUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 21/5/18 D.O.I. 18/6/18

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 Action / Instruction

Date/Time, File Pass to?

☐ : Prel. 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. (\$) _____