

ASS. REC. BY:

REF:

141

Kenneth

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. _____

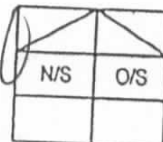
Claims No. _____

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
1	File pass to Catherine

Veh No: STW 56790 Yr Regn: 1Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Bmw 318i c.c. _____Colour: White A/C: Insured / Std / NI / NASp. Reading: 123911 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAPF 72020A 793683Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: NII / S/Rlm / STD A/Rlm orTyre Size: F: 205/55R16

R: _____

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

Front

R/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orN/S R body

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

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Report Format :

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

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)