

ASS. REC. BY:

REF: AAVKenneth

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: _____

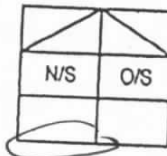
Excess: _____

(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: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: STN 95477Yr Regn: 01, 09Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or _____

Make: Suzuki

C.C.

1328Colour: M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading: 287076

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: 7C115402141Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / 8Rim / STD A/Rim or

Tyre Size: F: _____

R: _____

195/55R15

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

TOYO / YOKO or _____

Daytan

Front

Rear

R/Bal. 3 mmR/Bal. 4 mmL/Bal. 3 mmL/Bal. 4 mmD.O.A. 3/9/18D.O.I. 4/9/18

Survey held at _____

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

Rear n/s & u/c

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

5/9 File pass to Catherine, eht not ready

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

1)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + R.S. SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech Invs (\$)

☐

: Weekend (\$)

Report Format :

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