

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

Alu/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TPWS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLV 26194

at Workshop m/s Jin Ato

of _____

Insured: _____

Policy No. _____

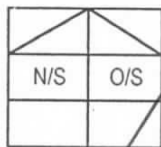
Claims No. _____

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: 2 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: SLV 26194 Yr Regn: 12/17

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

Truck / Trailer or Car

Make: Hyundai Elantra c.c 1591

Colour: Red A/C: Insured / Std / NI / NA

Sp. Reading: 12932 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHD841CMJU592300

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Harder / Jammed / Leaked / Burnt or

Brake: Harder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Nexen

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 3/9/18 D.O.I. 1/9/18

Survey held at _____

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

Rear - O/S.

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

Date/Time Action / Instruction

2/9/18 4/5 @ 800 conf. and with Jones.

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

___ \$ + RS ___ \$

Photos

Others

TOTAL

Report Format : _____

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