(08/11/13) wef

ASS. REC. BY: Marcus

REF: Alw/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLV 26194

at Workshop m/s Jin Auto

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.**

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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 EA/

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: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / STRim / 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.	12/9/18

Survey held at _____

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

Ree - O/S.

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

Date / Time	Action / Instruction
12/9/18	L/s @ 800 confirmed with Jesus.

Date/Time, File Pass to? _____ ☐ : Preli. Report

1) _____ ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	