

ASS. REC. BY:

REF:

ALA/

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. _____

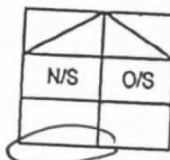
Sum Insured: _____

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: 1-B. / % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S110 305E Yr Regn: 03, 16

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

Truck / Trailer or

Make: Renault Latitude c.c. 1995

Colour: M. White / Red A/C: Insured / Std / NI / NA

Sp. Reading 415404 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VI-1 ABL 15AUC 282327

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: M11 S/Rim / STD A/Rim or

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or

Giti

Front

R/Bal. 2 mm

Rear

R/Bal. 2 mm

L/Bal. 2 mm

L/Bal. 2 mm

D.O.A. 20/9/18

D.O.I. 21/9/18

Survey held at

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

Rear N/S

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

Date / Time

Action / Instruction

19 File pass to Catherine, GIA not ready

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ - RS. \$

Photos

Others

TOTAL

Report Format :

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