

ASS. REC. BY:

REF: AG1

ASSIGNMENT

Kenneth

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

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 Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 08 days Res.: Yes or No

Lum Sum: 1.3.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: S14D488G Yr Regn: 1101 17

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

Truck / Traller or

Make: Peugeot Latitude c.c. 1.995

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

Sp. Reading: 115742 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VI-1ABL15AUC 283432

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: Grifi 215/60R16

R: T

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

TOYO / YOKO or

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 9/10/18

Rear

R/Bal. 9 mm

L/Bal. 9 mm

D.O.I. 11/10/18

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

12/10 File pass to Catherine

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: _____ \$ + R.S. _____ \$

Photos

Others

TOTAL

Report Format :

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

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)