

ASS. REC. BY:

REF:

AUG 1

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. _____

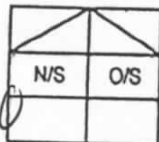
Sum Insured: _____ Excess: _____

(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: 03 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: GBB 3237 Yr Regn: 11, 08

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

Truck / Trailer or

Make: Toy Dyna C.C. 2982

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

Sp. Reading 54302 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFA T35 Y7OK 200185

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195 R15 X8

R: 155 R12 X8 (D)

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

TOYO / YOKO or

Front

R/Bal. 4 01/11/18 mm R/Bal. 3 3 mm

L/Bal. 4 1/16 mm L/Bal. 3 3 mm

D.O.A. 29/10/18 D.O.I. 12/11/18

Survey held at

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

N/S Rec body

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

Date / Time

Action / Instruction

13/11 File pass to Catherine

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

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 :

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