

ASS. REC. BY:

Steve

REF:

ASM(CAXA)

ASSIGNMENT

From:

Date:

24/6/19

Estimated Cost:

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV

To Inspect Vehicle No:

SLZ 7363C

at Workshop m/s

of

Cycle & Ceramicz
209 Punden Gardens

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Edwin

(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:

days

Res.:

Yes or No

Lum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

wp

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLZ 7363C

Yr Regn:

17/05/18

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

Truck / Trailer or

Make:

KIA Forte K3

c.c

1591

Colour

Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

16316

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KNAFJ41MJ5761379

Gen. Cond: ☒ Good ☐ Fair ☐ Poor ☐ BurntSteering: ☒ Inorder ☐ Jammed ☐ Leaked ☐ Burnt orBrake: ☒ Inorder ☐ Jammed ☐ Leaked ☐ Burnt orModi: ☒ Nil ☐ S/Rim ☐ STD A/Rim or

Tyre Size:

F:

195/65R15

R:

1

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

19/2/19

D.O.I.

24/6/19

Survey held at

C & C

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

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

Date / Time

Action / Instruction

MV - 71K

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Report Format:

Lump Sum / L.B.:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$