

ASS. REC. BY:

REF: Adt/5570/100Kennerth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Kay Motor

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: 854k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 04 days

Res.: Yes or No

Lum Sum: _____ %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBF 4104CYr Regn: 10, 16

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

Truck / Trailer or

Make: Toy HiacC.C. 2882Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading 73387

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFLH702P600205463Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 195R15X8

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 25/3/19D.O.I. 4/4/19

Survey held at _____

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

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

Date / Time

Action / Instruction

1 File pass to

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI _____

Photos _____

Others _____

TOTAL

Report Format: _____

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