

ASS. REC. BY:

REF:

Adrian

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:

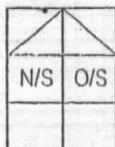
Excess:

(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 Report:

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLE650SC

Yr Regn:

2016 / JulyType: M.Cap / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Honda Vezel

c.c

1496

Colour:

White

A/C: Insured / Std / NI / NA

Sp.Reading

157513

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

RU11117827Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / SRim / STD A/Rim or

Tyre Size: F:

215/60R16

R:

215/60R16

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

TOYO / YOKO or

Roadstone

Front

Rear

R/Bal.

ob

mm

R/Bal.

ob

mm

L/Bal.

ob

mm

L/Bal.

ob

mm

D.O.A.

D.O.I.

20/04/19

Survey held at

Green ForestDes. 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

TP AXAMV: 65KPV: 482KNett: 16.8K

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

Survey Fee:

Date:

1)

2)

IN

OUT

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

Prel. Report:

Final Report: