

(08/11/13)

ASS. REC. BY:

REF

III

ASSIGNMENT

W 2029 Jan

From:

Date: 25.6.2019

Estimated Cost:

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

To Inspect Vehicle No: SJM 8615 L

at Workshop m/s Borneo Motors
of 17 Ubi Road 4

Insured:

Policy No.

Claims No.

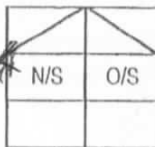
Sum Insured:

Excess:

(Client's Record)

Make of Veh: After 10.30 a.m

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

\$ 60K

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

(rup)

Date:

Person Contacted:

Vehicle: IN / OUT

Sam

Veh No:

SJM 8615 L

Yr Regn:

2009, Jan

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

Truck / Trailer or

Make:

Toyota Camry

c.c

2000

Colour

8/12

A/C:

Insured / Std / NI / NA

Sp. Reading

122 412

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

M R053SK 4007 052347

Gen. Cond:

Good / Fair / Poor / Burnt

Steering:

In order / Jammed / Leaked / Burnt or

Brake:

In order / Jammed / Leaked / Burnt or

Modi:

Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

215 / 55 R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

2

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

25/6/19

Survey held at

Borneo Ubi

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

98476209

Date/Time, File Pass to?

☐

Preli. 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: (\$)