

ASS. REC. BY:

REF:

A/G

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: 02-3 days Res.: Yes or NoLum Sum: 1.13.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

1 / File pass to

Veh No: SLX 83255 Yr Regn: 04, 18Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Shuttle c.c. 1896Colour: M. Silver A/C: Insured / Std / NI / NASp. Reading: 8863 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK8 1201778Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / SRM / STD A/Rim orTyre Size: F: 185/60R15

R: _____

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

Front

R/Bal. 9 mmL/Bal. 9 mmD.O.A. 26/12/18

Survey held at _____

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

FR MS

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

Date/Time, File Pass to?

☐ : Prell. 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:

S + RS. SI

Fines

Others

TOTAL

Report Format :

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