

ASS. REC. BY:

REF:

AUG 1

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: 839,800

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S14C5216B Yr Regn: 02, 14

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

Truck / Traller or

Make: Mercury Control c.c. 1995Colour: M White / R A/C: Insured / Std / NI / NASp. Reading: 804581 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AUC - 276169Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD A/Rlm orTyre Size: F: Touring 215/60R16R: GT

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm R/Bal. 6 mmL/Bal. 9 mm L/Bal. 6 mmD.O.A. 14/5/11 D.O.I. 16/8/19

Survey held at _____

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

/ File pass to

/ 1 Pm R 83506

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

S + RS. SI

☐ : Interview (\$ _____)

Fixings

☐ : Tech Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

TOTAL

Report Format :

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