ASS. REC. BY: Kenneth | REF:

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. _____

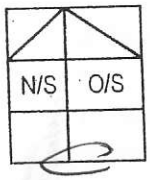
Sum Insured: _____ Excess: _____

(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 Rport: _____ Consistent? : **Yes** or **No**

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

Est. Repairs: _____ days Res.: **Yes** or **No**

Lum Sum: 20 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: SJB 7864Y Yr Regn: 01/01/1900

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

Truck / Trailer or _____

Make: Chevrolet Epica c.c 1991

Colour White/Red A/C: **Insured / Std / NI / NA**

Sp.Reading 255764 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: KL1VA 69RJBB 095719

Gen. Cond: **Good / Fair / Poor / Burnt** _____

Steering: **Inorder / Jammed / Leaked / Burnt** or _____

Brake: **Inorder / Jammed / Leaked / Burnt** or _____

Modi : **Nil / S/Rim / STD A/Rim** or _____

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Falken

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	1/3/14	D.O.I.	2/3/14

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
	HS: +7,300 CRED: +13,474.33 65%)

Date/Time, File **Pass** to? Date/Time, File **Return** to?

1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

Preli. Report:

Final Report:

TOTAL LOSS

KIV FOR LOD

Survey Fee: Date:

Basic & Add.

__ S + RS, __ SI

Photos

Others

TOTAL