

ASS. REC. BY:

REF:

AG / 20000950/KD

KENNETH

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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.

☒	☒
N/S	O/S
☐	☐

Bal. or Market Value:

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

03

days

Res.:

Yes or No

Lum Sum:

1.3.1 %

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

GBJ 8648C

Yr Regn:

09, 19

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

Truck / Trailer or

Make:

Citroen Berlingo

c.c

1499

Colour

N. Grey

A/C: Insured / Std / NI / NA

Sp. Reading

14284

T/Radio: Insured / Std / NI / NA

Eng No:

C/No:

VR 7 E I F Y I 4 E R I C J 637758

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: M / S / R / Lm / STD A / R / Lm or

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

18/12/2019

D.O.I.

5/10/2020

Survey held at

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

The van found damaged at the front

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

Bumper, bumper & lid found. The cause of damage due to fallen object.

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

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