

A.S.S. REC. BY:

REF:

A16
CC3/ A16 20004965/ T14f3

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: 100

(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: 61250

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 *2pm

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SML 6937R Yr Regn: 2019, MayType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Andi A4 c.c. 1984Colour: white A/C: Insured / Std / NI / NASp. Reading: 10736 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: W41ZEEF47KA047 225Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R18R: ~ ~

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

TOYO / YOKO or

Front C Rear CR/Bal. C mm R/Bal. C mmL/Bal. C mm L/Bal. C mmD.O.A. _____ D.O.I. 3/4/20Survey held at Premium Alexandra

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

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

Date / Time Action / Instruction

Sml 6937R - Xwithdrawal claims3/4/20. Submit preli report

Date/Time, File Pass to?

☒ : Preli. Report1) 3/4 Typst☐ : Final Report

Date/Time, File Return to?

2) _____

Rep. Format: OD- Preli

Lump Sum / L.B.H. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL