

ASS. REC. BY:

REF:

T/M1/

ASSIGNMENT

CNAETH

From:

Date:

Estimated Cost:

OO/TP/WS/TP RES/OO RES/EVA/INV/MV

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

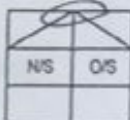
Excess:

(Client's Record)

Make of Vsh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

01 days

Res.:

Yes or No

Lum Sum:

20 %

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

83251

Veh No:

S/H 5825 T Yr Regn: 12, 14

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

Truck / Trailer or

Make:

Renault Windle cc 1995

Colour:

m-white 1R

A/C:

Insured / Std / NI / NA

Sp. Reading

623871

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/N:

VF1ABL15AUC 280332

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: ~~SA~~ S/Rim / STD A/Rim or

Tyre Size:

F:

215/60R16

R:

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

TOYO / YOKO or

Sailun

Front

Rear

R/Bal.

9

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

1/4/20

D.O.I.

6/4/2020

Survey held at

Des. of Damages: ~~FR~~ Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

aTime, File Pass to?



Prel. Report



Final Report

aTime, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ - RS - SI

Fuel:

Others:

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

port Format :

p Sum / LB.I: (\$