

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: _____

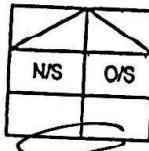
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

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

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No: SCR 8398UYr Regn: 02, 18Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: M. C. 180

C.C. _____

Colour M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading 18381

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2050402R 359831Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or _____Brake: In order / Jammed / Leaked / Burnt or _____Mod: Nil / S/Rlm / STD / Rlm or _____Tyre Size: F: 225/50R17

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front

Rear

R/Bal. 7 mmR/Bal. 8 mmL/Bal. 7 mmL/Bal. 8 mmD.O.A. 6/4/20D.O.I. 7/4/2020

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, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Fees:

Others

TOTAL

Report Format :

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