ASS. REC BY: Par | REF:

ASSIGNMENT

From:

Estimated Cost: Date:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SGT 1063Z

at Workshop m/s CARSMITH

of 13 KAKI BUKIT RD4 #01-20

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
X	

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: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SGT 1063Z Yr.Regn:

Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: DAIHATSU MATERIA cc 1495

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

Sp.Reading: 200920 T/Radio: Insured / Std / NI / NA

Eng/No: —

C/No: XPM2L00250022

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: ATR

R: 165/55R16 DUNLOP

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

Front			Rear		
R/Bal.	4	mm	R/Bal.	4	mm
L/Bal.	4	mm	L/Bal.	4	mm
D.O.A.			D.O.I.	8/04/2020	

Survey held at: Carsmith

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

N/S rear & rear

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

Date / Time	Action / Instruction
	CTI

Date/Time, File Pass to? ☐ : Prell. Report ☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: -

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Survey Fee:

Transportation: $ + RS $

Photos

Others

Report Format:

Lump Sum / LE in $