

ADD. REC. BY:

REF:

C72/20005634/K6

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/REP/INS/TP/RES/OD/RES/EVA/INT/INT

To inspect Vehicle No:

at Workshop with

of

Insured:

Policy No.

Claims No.

Sum Insured:

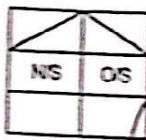
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Est. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR. Seen:

Consistent? : Yes or No

Est. Repair:

01 days

Res.: Yes or No

Lump Sum:

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SL2 8751K Yr Regn: 05, 18

Type: Motor / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Mr. B180

cc

1395

Colour:

Mr. White

AC:

Insured / Std / NI / NA

Sp. Reading:

49.736

TRader:

Insured / Std / NI / NA

Eng No:

C/Nr:

W002462422 J 477129

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Film / STD / Air / or

Tyre Size:

F:

205/55R16

R:

SS / DUN / EXONVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Sal:

5

mm

R/Sal:

4

mm

L/Sal:

5

mm

L/Sal:

4

mm

D.O.A.

1/3/20

D.O.A.

11/3/2020

Survey held at

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

O/S Area

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

Date / Time

Action / Instruction

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

Report Format:

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$