ASS. REC. BY: Kenneth

REF: CTL/20005634/kb

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

OD / TP / WS / TP REB / OD RES / EVA / INV / WV

To Inspect Vehicle No: ______

at Workshop m/s City Adv

of Blk 8

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

Bal. or Market Value: ______

IDAC Accident Rport: ______ Consistent? : Yes or No

GIA / PR. Seen: ______ Consistent? : Yes or No

Est. Repairs: 01 days Res.: Yes or No

Lum Sum: ______ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

Veh No: SLZ 8751K Yr Regn: 05, 18

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

Make: MB B180 cc 1595

Colour: M.P. White A/C: Insured / Std / NI / NA

Sp.Reading: 44736 T/Radio: Insured / Std / NI / NA

Eng No: ______

C/No: WDD2462422J477129

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or ______

Brake: In order / Jammed / Leaked / Burnt or ______

Modi: NI / S/Rim / STD / A/Rim or ______

Tyre Size: F: 205/55R16

R: ——

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	4 mm
L/Bal.	5 mm	L/Bal.	4 mm
D.O.A.	1/5/20	D.O.I.	11/5/2020

Survey held at ✓

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or o/s Rear

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

Date / Time	Action / Instruction
/	

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

1) ______ ☐ : Final Report

Date/Time, File Return to?

2) ______

Days Of Repair: ______

Resurvey No. of Trip: ______

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

Survey Fee: ______

Transportation: $ + F.S. ___ $/ ______

Fares ______

Others ______

TOTAL ______

Report Format :

Lump Sum / I.B.I: ($ ______)