

ASS. REC. BY:

REF:

A16/

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

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

Veh No:

STQ 51464

Yr Regn:

03, 09

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

Truck / Trailer or

Make:

MIT Lancer EX c.c.

1998

Colour:

M. Red

A/C:

Insured / Std / NI / NA

Sp. Reading:

37318P

T/Radio:

Insured / Std / NI / NA

Eng/No:

7

C/No:

JMYSTCY4A 9.4 001614

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / R/Rim / STD A/Rim or

Tyre Size:

F:

R:

225/45R17

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

14/4/20

D.O.I.

11/5/2020

Survey held at

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

O/S Frt

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

Date/Time, File Pass to?

☐

: Prell. 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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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