

ASS. REC. BY:

REF:

TU /

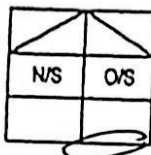
Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s E Storm
 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 Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 02 days Res.: Yes or NoLum Sum: 1.131 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Data: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SL S 7539 A Yr Regn: 10, 17
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____

Make: Toy Pro J c.c. 1798Colour: M. Silver A/C: Insured / Std / HI / NASp. Reading: 236031 T/Radio: Insured / Std / HI / NA

Eng/No: _____

C/No: JTD KB 3FU X 03571024Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: III / S/Rlm / STD / A/Rlm or _____Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 0 mmR/Bal. 0 mmL/Bal. 0 mmL/Bal. 0 mmD.O.A. 16/5/20D.O.I. 19/5/2020

Survey held at _____

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

Rear O/S

The U/C / 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. \$I

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

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