

ASS. REC. BY:

REF: FWD /

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s SQH

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

10.30am

(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 NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKL 1212 E Yr Regn: 09, 11Type: M.Cab / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mr S 350 cc 3498Colour: Mr. Black A/C: Insured / Std / NI / NASp. Reading: 151282 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2211572A 397688Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD / A/Rlm orTyre Size: F: 255/40R19

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 4 mmR/Bal. 5 mmL/Bal. 4 mmL/Bal. 5 mmD.O.A. 22/5/20D.O.I. 9/6/2020

Survey held at

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

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

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

TOTAL

Report Format :

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