

ASS. REC. BY:

REF:

AG/2000 6930/1kk

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Estem

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or NoLum Sum: 1-B1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKT 7939K Yr Regn: 06, 15

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

Truck / Traller or AMake: Merda 3 c.c. 1496Colour: M. White A/C: Insured / Std / NI / NASp. Reading: 144614 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM 63M 42A 8G 0312157Gen. Cond: Good / Fair / Poor / BurntSteering: In Order / Jammed / Leaked / Burnt orBrake: In Order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD AR Rim orTyre Size: F: 205/60R16

R: _____

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

TOYO / XOKO or

Front: _____ Rear: _____

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 26/6/20 D.O.I. 3/7/2020

Survey held at _____

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

O/S

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 Trlp: _____

Survey Fee:

Transportation:

S + RS. SI

Fines

Others

TOTAL

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

Report Format :

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