ASS. REC. BY: Kenneth

REF: TY / 20007474/Kb

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Yee Auto

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 Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLZ 6717J Yr Regn: 04, 18

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

Make: Honda Civic c.c 1597

Colour M. Blue A/C: Insured / Std / NI / NA

Sp.Reading 58562 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MRHFC5650JT000533

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/55R16

R:

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

Front R/Bal. 7 mm

L/Bal. 7 mm

Rear R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 17/7/20

D.O.I. 20/7/2020

Survey held at

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

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

Date / Time	Action / Instruction
/	Got BZ

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

: Preli. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: $ - R.S. __ Sl

Photos

Others

TOTAL

Add Fee: : Site Insp ($)

: Interview ($)

: Tech Invs ($)

: Weekend ($)

Report Format :

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