

ASS. REC. BY: Kenneth REF: FWO / 2000 75141Kb

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 To Inspect Vehicle No: _____
 at Workshop m/s: Complete
 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: 07 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 _____

Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech Invs (\$)
☐ Weekend (\$)

Survey Fee: _____
 Transportation: _____
 Fuel: _____
 Others: _____
 TOTAL: _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
O/S Rear body rule
 The UIC / Chassis frame / Body Structure affected due to collision.

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

Veh No: SBB 541X Yr Regn: 04, 16
 Type: M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai c.c. 1986
 Colour: Black A/C: Insured / Std / Nil / NA
 Sp. Reading: 83182 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/Nr: ESU 60 0072718
 Gen. Cond: Good Fair / Poor / Burnt
 Steering: Inoper Jammed / Leaked / Burnt or
 Brake: Inoper Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD or _____
 Tyre Size: F: _____ R: 235/55R18
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / SUMI
 TOYO / YOKO or _____
 Front: _____ Rear: _____
 R/Bal. 8 mm R/Bal. 9 mm
 L/Bal. 8 mm L/Bal. 9 mm
 D.O.A. 18/7/20 D.O.I. 21/7/2020
 Survey held at _____