

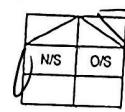
ASS. REC. BY: Kenneth REF: A/G/ 2000 7522/16

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s Kum Chan
of _____
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: GX 7024B Yr Regn: 08, 04
Type: M.Car / M.Cycle / Bus / Van / Motor / Taxi / Prime Mover /
Truck / Trailer or _____
Make: NIS Cabstar c.c. 3153
Colour: Silver A/C: Insured / Std / NI / NA
Sp. Reading: 485564 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JN1S1-4 F2380-852733
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Insider / Jammed / Leaked / Burnt or
Brake: Insider / Jammed / Leaked / Burnt or
Mod: XII / S/Rlm / STD A/Rlm or
Tyre Size: F: Yoko P5R15X8
R: Dun 153R12X810

(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value: 20k
IDAC Accident Report: _____ Consistent?: Yes or No
GIA / PR Seen: _____ Consistent?: Yes or No
Est. Repairs: 08 days Res.: Yes or No
Lum Sum: 20 % 3 Val.: Yes or No

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / 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. 17/7/20 D.O.I. 22/7/2020
Survey held at _____

CA / REV / REP. / 24 HRS
Date: 7/24 Person Contacted: _____ Vehicle: IN / OUT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof/top or
NIS body & Trm o/s
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>Est not ready</u>

Date/Time, File Pass to? ☐ : Prell. Report
1) ☐ : Final Report
Date/Time, File Return to?

Days Of Repair: _____
Resurvey No. of Trip: _____

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

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

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