

ASS. REC. BY: Paul

REF:

CS3/A1420007549/Rivf3

4230
2570

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: XE 51684at Workshop m/s Lysof 15, Pionier walkInsured: ALG

Policy No. _____

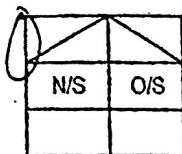
Claims No. _____

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: 120K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: XE 51684 Yr Regn: 2019 / SEP

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

Truck / Trailer or

Make: Mitsubishi Fuso FP70HDL cc 10677Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: _____

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FP 70HDL 00023

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 orTyre Size: F: 295/80R22.5

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 8 mmR/Bal. 8/8 mmL/Bal. 8 mmL/Bal. 8/8 mmD.O.A. 08/01/2020D.O.I. 27/07/2020Survey held at Lys

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

N/S FRT

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

Days Of Repair: 5

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Rep. Format: DAR

Lump Sum / L.B.A. (\$ _____)

1)

Date/Time, File Return to?

2) 29/7/20- Typist

☐

: Final Report