

ASS. REC. BY:

REF:

AG / 2000 9604/H

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

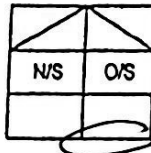
Excess:

(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:

03

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

8130

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

STY 5924B

Yr Regn:

09, 10.

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

Truck / Trailer or

Make:

M. E 300

c.c.

2996

Colour:

M. Brown

A/C:

Insured / Std / NI / NA

Sp. Reading

79604

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD 2120542A 265552

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

245/45R17

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

27/8/20

D.O.I.

8/9/2020

Survey held at

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

Rear O/S

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

Date / Time Action / Instruction

1 / GIA &amp; EST not ready

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

S + RS, SI

Fees

Others

TOTAL

Report Format :

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