

ASS. REC. BY:

REF:

C72/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

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: 01 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: S14C 5389K Yr Regn: 10, 14

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

Truck / Trailer or _____

Make: Renault Latitude c.c. 1995

Colour: M. White/Red AAC: Insured / Std / NI / NA

Sp. Reading: 825.679 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFIABL15AUC 280057

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Pairlm

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 16/9/20 D.O.I. 18/9/2020

Survey held at ✓

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

FR LH door mirror

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>11:20 @ 12:00</u>

Date/Time, File Pass to? : Prell. Report : Final Report

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

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:	_____
Transportation:	_____
S - RS - SI	_____
Fees	_____
Others	_____
TOTAL	_____

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

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