

ASS. REG. BY:

REF: A161

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP PWS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s: Chew Crown
 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 Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 03 days Res.: Yes or No
 Lum Sum: 1.01 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLM 20024 Yr Regn: 03, 17
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or (A) Wagon
 Make: Honda Step wgn c.c. 1496
 Colour: M-Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 34265 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: RP11 014708
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / SIRlm / STD A/Rlm or
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front
 R/Bal. 3 mm Rear
 L/Bal. 3 mm L/Bal. 6 mm
 D.O.A. 5/10/20 D.O.I. 8/10/2020
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
N/S Frt body
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

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

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

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

Survey Fee:

Transportation	_____
S - RS	_____
Fixt's	_____
Others	_____
TOTAL	_____

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