ASS REQ By: Kenneth

REF: AG/ 2001213 IKS

ASSIGNMENT

From: Date:

Estimated Cost:

CO / TP PWS / TP RES / CO RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s: R K Hw

at:

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

Est. or Market Value:

ICAC Accident Rpt: Consistent? : Yes or No

G/A / FR Spec: Consistent? : Yes or No

Est. Repairs: 08 days Res.: Yes or No

Lum Sum: 1.51 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMN 2832K Yr Regn: 06 / 18

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

Make: Honda Jazz cc 1318

Colour: M. Silver A/C: Insured / Std / NI / NA

Sp.Reading: 28007 T.Radio: Insured / Std / NI / NA

Eng.No:

C.No: JHMGK 3850KS 213739

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Modif.: Nil / S/Rim / STD A/Rim or

Tyre Size: F: R: 175/65X15

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. 13/10/20 D.O.I. 16/10/2020

Survey held at

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

R Frt N/S

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

$ + RS... $

Fuel

Others

TOTAL

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ Tech Invs ($)

☐ Weekend ($)

Report Format :

Lump Sum / LBI: ($

Scanned with CamScanner