

ASS. REC. BY:

REF:

F02/20011735/K

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ Ngiak

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: 830k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 21 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 01/05 Person Contacted: _____ Vehicle: IN / OUT

Veh No: STV 38644 Yr Regn: 01, 10

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

Truck / Trailer or A

Make: Honda Civic c.c. 1339

Colour: M. D. Blue A/C: Insured / Std / NI / NA

Sp. Reading: 318023 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMI-036209S202236

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inop / Jammed / Leaked / Burnt or

Brake: Inop / Jammed / Leaked / Burnt or

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

Tyre Size: F: Arivo 195/65R15

R: Arivo

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

TOYO / YOKO or

Front Rear

R/Bal. 7 mm R/Bal. 4 mm

L/Bal. 7 mm L/Bal. 4 mm

D.O.A. 28/10/20 D.O.I. 28/10/2020

Survey held at _____

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

Rear O/S U/C

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

Date / Time	Action / Instruction
/	

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

1) _____ Date/Time, File Return to? 2) _____

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

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

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

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