

ASS. REC. BY:

REF:

TU / 20011354/RS CS3/III20011354/Ksd3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TPY 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: _____

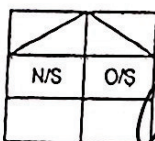
(Client's Record)

Make of Veh: _____

2.30pm

(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: 04 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLR 5195B Yr Regn: 08.17Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make: Honda 1486Colour: M.D. Blue A/C: Insured / Std / NI / NASp. Reading: 64272 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHM RU 1830GX 202405Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD / V/Rlm orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 4 mmR/Bal. 4 mmL/Bal. 4 mmL/Bal. 4 mmD.O.A. 17/10/20D.O.I. 20/10/2020

Survey held at

2.15pm

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

O/S Rec

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

Date / Time Action / Instruction

/ PRS

1.5-2.5k

After Repair: 22.10.2020 @ 10.15am

Date/Time, File Pass to?

21/10/2020

1) TYPIST

Date/Time, File Return to?

2)

☐ : Prell. Report☒ : Final Report

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: PRS

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