

ASS. REC. BY:

REF:

TU / 200119241K

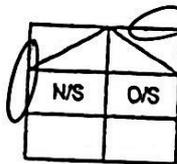
Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s Optima
 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.



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 06 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: SKZ 7200B Yr Regn: 01, 16
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or A MPV
 Make: Toy Wish c.c. 1797
 Colour: ln. white A/C: Insured / Std / NI / NA
 Sp. Reading: 155967 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: EGE 20 . 8024725
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modl: NI / SRim / STD A/Rim or
 Tyre Size: F: _____ R: 225/40 ER18
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Hankook
 Front R/Bal. 3 mm Rear R/Bal. 3 mm
 L/Bal. 3 mm L/Bal. 3 mm
 D.O.A. 3/10/20 D.O.I. 2/11/2020
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rt d/s & n/s body
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

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

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

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

Survey Fee:

Transportation	_____
S - R.S. SI	_____
Fines	_____
Others	_____
TOTAL	_____

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