

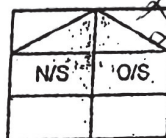
ASS. REC. BY: Steve REF: A16

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD/TP/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: 0
(Giloni'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 Report: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMR 583K Yr Regn: 17/12/19
Type: M.Cy / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: KIA Cerato c.c. 1591
Colour: Red A/C: Insured / Std / NI / N
Sp. Reading: 13158 T/Radio: Insured / Std / NI / N
Eng/No: _____
C/No: KNA F5416 ML 5257798
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: NII / S/Rim / STD A/Rim or
Tyre Size: F: 225/45R17
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Nexen
Front Rear
R/Bal. \$ mm R/Bal. \$
L/Bal. \$ mm L/Bal. \$
D.O.A. 2/12/20 D.O.I. 3/12/20
Survey held at Cycle & Carriage
Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
The UIC / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

MR-84K

Confirm \$4,992.40, 4days before GST

RED: 2735.60; 35%

Date/Time, File, Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

S + RS, SI

Photos

Others

TOTAL

Rep. Format:

Lump Sum / U.E.I. /