

ASS. REC. BY:

REF:

LPC / 20013658/Kj

Kenneth

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. _____

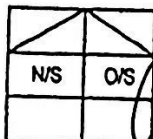
Sum Insured: _____ Excess: _____

(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 Report: _____ Consistent?: Yes or No

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

Est. Repairs: 07 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: SMT 9124K Yr Regn: 03, 19Type: Motor M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or A WagonMake: Opel Astra c.c. 1598Colour: M.O. Green A/C: Insured / Std / NI / NASp. Reading: 75132 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: W0VB08EG3K8031612Gen. Cond: Good Fair / Poor / BurntSteering: In order Jammed / Leaked / Burnt orBrake: In order Jammed / Leaked / Burnt orMod: NI / S/Rlm / STD / Rlm orTyre Size: F: 205/55R16

R: _____

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

TOYO / YOKO or Greenlander

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 8/12/20D.O.I. 10/12/2020

Survey held at _____

Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop oro/s Rear body

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

Date / Time

Action / Instruction

1 Maybe part by part.

Date/Time, File Pass 107

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return 107

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

Report Format:

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

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

TOTAL