

ASS. REC. BY:

REF:

F02/20013725/ke

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cheng Hoo

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1.6/1% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SMC 7224E Yr Regn: 07.18

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

Truck / Trailer or A)

Make: Honda Fit c.c. 1496

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

Sp. Reading: 58642 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GP5 3415190

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / S/R/m / STD / B/m or

Tyre Size: F: 185/60R15
R: _____

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

TOYO / YOKO or

Front _____ Rear _____

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

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

D.O.A. 28/11/20 D.O.I. 13/4/2021

Survey held at _____

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

N/S 1st body

The UC / 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. \$ _____

Fuel: _____

Others: _____

TOTAL

Report Format: _____

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