

ASS. REC. BY:

REF:

A/G / 20014678/KP

C

## 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.

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| N/S                                 | O/S                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            |

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03 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:

SLQ 4119J

Yr Regn:

07.17

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

Truck / Trailer or

Make:

Honda Vezel

c.c.

1496

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

85400

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

Rui 1206609

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

Westlake 215/60R16

R: Dun

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

2

mm

L/Bal.

9

mm

L/Bal.

2

mm

D.O.A.

29/12/20

D.O.I.

30/12/2020

Survey held at

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

Rm O/S

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

Date / Time

Action / Instruction

5/1/21 Rm @ 3650. Ca. found

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

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 :

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